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ABSTRACT

The curriculum was developed by the First Years Together program, a demonstration service and training model providing coordinated medical, educational, mental health, and public health services to maximize the social-emotional, physical, and cognitive development of high risk infants. The first chapter provides instructions for use of the curriculum by mental health and health-related professionals. Four distinctive characteristics of the model's assessment-intervention sessions are explained in the second chapter: (1) parent-professional partnership, (2) assessment as intervention, (3) anticipatory guidance, and (4) parent support. The third chapter looks at the post-hospital period, considering such aspects as infant physiological control, the fears and feelings of parents, the support system, and expenses. The remaining chapters provide assessment and intervention activities for infants in the age ranges of 0-3 months, 3-6 months, 6-9 months, and 9-15 months. The curriculum in each chapter covers infant development, emotional milestones, and family issues. Typically provided for a behavior is an explanation, samples of praise for parents, and related suggestions to encourage parents in fostering infant development. After an extensive bibliography, seven appendixes offer suggestions for talking to a toddler, sample songs and finger plays, criteria for choosing a therapist, and sample forms and newsletters. (DB)

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FIRST YEARS TOGETHER

First Years Together is a demonstration service and training model which maximizes the social-emotional, physical, and cognitive development of high-risk infants. The project has attempted to address the special needs of parents who have endured the emotional and financial hardships that are encountered when a baby is hospitalized. The project links medical, educational, mental health, and public health resources, providing the co-ordination that is needed but often lacking when infants are high-risk. It is a program which promotes parent and professional partnerships that focus on normal development as well as social-emotional vulnerabilities of preterm and high-risk infants and their families. First Years Together provides services at levels of intensity which are tailored to the specific needs of the child and family.

ABOUT PROJECT ENLIGHTENMENT

Project Enlightenment is a comprehensive preschool mental health program within the Wake County Public School System. The Project works with children from birth through the completion of kindergarten, their parents, and teachers around the development and emotional growth of children. Services of the Project include:

- Parent workshops, classes and support groups
- Parent and family counseling
- TALKline: A telephone service to answer questions and discuss concerns about children (833-1515)
- School consultation: A service for teachers which focuses on individual children and program issues
- Demonstration Preschool: A daily preschool program for children with special needs in a mainstreamed environment
- Parent-Teacher Resource Center: A collection of child oriented books, materials and resources; a production center for hand made toys and games, and a series of learning opportunities for parents and teachers of young children
- First Years Together: An early intervention service providing developmental follow up for high risk infants and their families through a cooperative effort with area health agencies.

To request any of the above services, call 755-6935, Monday - Friday, 8:00 - 5:00

501 S. Boylan Avenue, Raleigh, N.C. 27603

FIRST YEARS TOGETHER:

A Curriculum for use in Interventions with High Risk Infants and Their Families

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PROJECT ENLIGHTENMENT
Wake County Public School System
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PREFACE

INTRODUCTION TO THE FIRST YEARS TOGETHER PROGRAM

In the United States, 7% of babies born are sick or underweight at birth. Many of these children require prolonged hospitalization and intensive medical intervention. These infants and their families are at risk in a number of ways. The infants are at risk for a broad range of handicapping conditions, such as learning disabilities, mental and motor dysfunction, and other health impairments. In addition, the infant and the entire family is subjected to stress and unavoidable separation caused by a long hospital stay. The interruption in parental contact interferes with the process of integrating a new baby into the family and can jeopardize the early attachments necessary for healthy growth and development.

Research has demonstrated the efficacy of intervening as early as possible with the infant at risk. With early intervention, it is possible to prevent or remediate difficulties for some children before school entrance, or for others, to reduce the amount and cost of specialized services that may be required. The natural and most effective interveners are the child's parents. Research in early intervention reveals that positive gains made by young children can be maintained and continued in later years only if parents are trained, involved, and supported.

The purpose of the First Years Together program is to provide education, guidance, and support to parents of premature and high-risk infants. The model is based on providing these services during developmental follow-up assessments of infants, but an assessment is not a necessary component of each intervention session. In addition, there are features of the program that may be used independently of any assessments. The guiding philosophy is intensive parent involvement.

This manual is designed for professionals in child development, nursing, education, psychology, or related fields who work with high-risk infants and their families. It is a step by step plan describing how to provide education and support to families. The key features are: (a) building a partnership between professional and parents; (b) involving parents in the monitoring and assessment of their child's development; (c) helping parents anticipate and nurture approaching developmental milestones in their child; and (d) supporting parents in parent-child interactions, in caregiving and in handling their ongoing emotional reactions resulting from the birth of a high-risk infant.

The project was funded by a grant from the Handicapped Childrens' Early Education Program, U. S. Office of Special Education Programs. It was administered by Project Enlightenment, an early intervention program of the Wake County Public School System in cooperation with Wake Mental Health in Raleigh, North Carolina. For further information on training materials, contact First Years Together, Project Enlightenment, 501 S. Boylan Ave., Raleigh, NC 27603.

CHAPTER 1

HOW TO USE THIS BOOK

The material contained in this manual describes ways to acquaint parents with their infant's characteristics through formal or informal assessments. Healthy, loving interactions between parents and children are enhanced when parents are aware of their child's physical, intellectual, and emotional development. In addition, one of the most unique features of this program is the attention given to the parents' own feelings and emotions about being a parent.

WHO THE PROGRAM SERVES

The curriculum is for use with families whose infants were born prematurely or with conditions requiring the services of the neonatal intensive care unit. However, much of the material is appropriate for use with families of normal newborns.

WHO SHOULD USE THIS BOOK

The manual is written for professionals in mental health and health-related fields. A basic knowledge of child development and counseling skills is assumed.

Giving support to parents is an essential part of treatment for any professional who works with children. The manual outlines issues of particular importance to families with premature and high-risk infants and gives suggested actions for professionals and parents to handle these issues. Parents will be better able to meet the needs of their children if their own needs are met first.

Any professional who conducts evaluations of infants or provides education to infants and families will find the manual useful in helping parents gain a greater understanding of their infant's abilities and emotions. Certain portions of the manual directly relate to assessment using the Bayley Scales of Infant Development (BSID) and Denver Developmental Screening Test (DDST). Professionals should be proficient in administering these tests since the manual is NOT intended to substitute for training in those areas.

GENERAL GUIDELINES FOR USE

Order of Chapters

It is recommended that professionals read all of Chapter 2: "Characteristics of First Years Together Sessions" in order to understand how an actual session incorporates the features of the manual and to further understand the philosophy and assumptions of the First Years Together model.

It is also recommended that all professionals begin sessions with Chapter 3: "Posthospital Period," especially the section on "Family Issues," regardless of the infant's current age or age when released from the hospital. Many preterm infants are released from the hospital at the approximate time of their due date, although some are released earlier or later. Despite the infant's age, parents face their own issues in coping with the birth and care of a premature or high risk infant.

The remaining chapters (4, 5, 6, 7) are organized in three-month intervals and may be used as needed.

Age of Infant

The chapters refer to the age of the infant adjusted for prematurity. Calculate the adjusted age by counting the number of weeks or months from the infant's expected date of birth, rather than from the actual date of birth.

Organization of Tables

With the exception of Chapter 2, the manual is printed as a large table with four columns to provide quick and easy referencing on specific topics as needed.

Infant Development and Emotional Milestones: Behaviors are arranged by topics: gross motor, fine motor, cognitive, language, social, and emotional. Under each:

Column 1 -- Presents behaviors as step-by-step sequences
Column 2 -- Groups assessment items by subtopic
Column 3 -- Examples of praising parents for their caregiving
Column 4 -- Suggested activities to promote development

Family Issues: Contains information on parents' feelings, expectations and interactions with the infant, concerns of couples, and siblings.

Column 1 -- Identifies the issue
Column 2 -- Ways to appraise the situation
Column 3 -- Examples of statements made by parents
Column 4 -- Suggested actions or resources.

Conversational Style

Some sections are written in conversational style, as if the professional were in conversation with a parent. This is to emphasize the need to avoid jargon when dealing with parents. The best efforts at educating parents will be fruitless if the parent does not understand what the professional is saying. The wording given is meant to help explain the concept; however, it is offered as a guideline only and is not intended to be used verbatim.

"Baby" -- Using the Child's Name

The First Years Together model provides an optimal situation for educating parents about development because the session focuses on their child. The professional should use the child's name whenever the word "Baby" appears in the text. Similarly, the appropriate name should be used for "Sibling."

CHAPTER 2

DISTINCTIVE CHARACTERISTICS OF FIRST YEARS TOGETHER SESSIONS

There are four major features which characterize assessment-intervention sessions in the First Years Together model: Parent-professional partnership, assessment as intervention, anticipatory guidance, and parent support.

The parent-professional partnership is the foundation on which all else builds. Appropriate, individualized care for the child results when parents combine their personal knowledge of the child with professional knowledge of normative development.

The second feature, assessment or activities as intervention, arises from the program's emphasis on using developmental screenings as a teaching tool. Not all sessions need have a complete assessment; some may focus on parts of an assessment or on activities which follow up results of assessments. The goal of assessments is not only to monitor the child's development, but also to help parents gain a greater understanding of their child's abilities and temperament. The same principles are applicable to developmental activity or therapy sessions.

A third feature, anticipatory guidance, is included to help parents learn what they can expect next from the child and consider ways to foster development. It also helps parents set realistic expectations for the behavior of their child.

The fourth feature is parent support. Helping parents feel good about the work they do as parents builds self-confidence and heightens motivation to learn and practice good childrearing techniques.

A First Years Together session does not necessarily focus equally on all of the features or characteristics each time. While each feature has its own elements which help to define it, in use, there is a great deal of overlap among the characteristics. Initial sessions may be devoted primarily to building the parent-professional partnership and giving support. The program is intended to be flexible and tailored to individual families and situations. Over time, most of the characteristics should be included in the sessions.

The First Years Together characteristics are summarized at the end of this chapter in checklist form.

First Years Together Characteristics

I. Parent-Professional Partnership

Parents and professionals working together as partners should be an essential feature of any effective developmental intervention with young

children. Because parents are the primary caregivers, they are in the best position to be the primary interveners and take a major share of responsibility for carrying out any intervention plans. In this way children not only benefit from the intervention techniques themselves, but also enjoy parents who are more responsive to them. This synchrony, in turn, facilitates positive parent-child interaction. To be the primary intervener, it is not only necessary for parents to understand why recommendations are offered, but to feel that the recommendations lead to goals that are important to them. If they cannot have a commitment to the goals, the developmental plan may be carried out sporadically, ineffectively, or even in a detrimental fashion. When parents feel that the professional has listened to them and can see the plan as an outgrowth of their values and concerns, they are in a better position to benefit from the information, instruction, modeling and demonstration the professional can provide. The following features help to build the parent-professional partnership.

1. Professional asks parents to share observations about their child and responds positively to parents' observations.

   A basic premise of First Years together is that parents are keen observers of their children. While parents may not have the same terms professionals use to describe behavior, or an unbiased view (either positive or negative) of their child's behavior, they are in the best position to observe child behavior. Parents see children under the widest range of circumstances, from playing at home to visiting in unfamiliar settings; with family, friends, or strangers. They also see the child in all kinds of emotional and physical states. They can see what makes the child happy, upset, frightened, playful, responsive; and how the child reacts when sick, tired, comfortable, alert, hungry, etc. While parents may lack normative information about development, they are best qualified to describe the behavior and individual characteristics of their child. An objective of the First Years Together model is to help parents verbalize their observations and to use the information they provide.

   When professionals listen to parents share their observations, parents feel that their knowledge of the child is valued. This is basic to the parent-professional partnership. But in addition, parents' self-confidence in knowing their child is increased. Over time, they not only continue to make and share observations but also grow to be more sensitive observers. We have found that even those parents who are initially reluctant to share become eager to let us know what they have observed once they are convinced that their input is valued and used constructively.

   When parents become active participants, professionals benefit in several ways. During assessments, parents' reports can be used to gain more accurate and reliable information about the child's development. They can judge whether the child's behavior is typical on any given day and help decide whether an assessment reflects the child's true abilities or whether further testing is needed.

Secondly, parents' reports of what the child is doing help the professional know on which aspects of behavior the parent focuses and where the parent has concerns about development. Areas of learning which parents may overlook can be highlighted so that the needs of the whole child are considered. Professionals are better able to decide what further information and instruction parents need and discuss both strengths and weaknesses. Finally, in building a partnership, professionals can foster the parents' commitment to carry out the recommendations.

Professionals may solicit parents' observations many times over the course of a visit. Asking "What kinds of things is Judy doing now?" at the beginning of a visit gives the professional a view of what the parent sees as the major developments. The professional should continue to solicit the parents' observations throughout the visit and during individual test items when assessments are made. Examples include statements like: "Have you seen Judy play this way with her toys?" "Have you noticed any changes in the way Judy reacts to people lately?" "Does Judy say any sounds or noises when she plays?" Open-ended questions allow parents to voice issues of concern to them, without being strictly limited by a checklist or form.

There are many ways professionals can help parents feel their observations have been heard and valued. Before the assessment, professionals can focus their attention on the parent, ask for further detail, and empathize with the parent's reactions (for example: "Judy's walking now! You must have been excited when she took her first steps. When did she start walking?" At any time, professionals can directly praise the parents for their observations (Examples: "You are a good observer of Judy." "You've told me some things about Judy I wouldn't be able to see in a short visit.") or can call attention to a behavior the child performs that the parent mentioned (Example: "Now she's playing the peek-a-boo game you told me about."). However, during an assessment, professionals should be sensitive to the timing of requests for information. Professionals should first administer an item and then follow it with asking parents if they have seen the child perform the task. Reversing the procedure, asking parents about a behavior and then administering the item, may lead parents to feel they are not believed. When the assessment is finished, professionals again show they value parental contributions when they include their observations in written reports.

2. Professional asks parents/listens to parents tell what they want for their child.

Parents will follow the childrearing practices which they feel are consistent with their values. Since behavior is an outgrowth of one's attitudes and beliefs, it is important to understand what parents want for their child. Professionals should listen carefully to statements that indicate whether parents value obedience over

independence, creativity over neatness, or other characteristics. This is especially important when the professional and the family differ in ethnic background, race, religion, or other cultural variables. Professionals should take care not to "assume" that their own values are shared by the family, nor to assume that the family wants to adopt those values.

When the professional has listened to what the parent wants for the child, the identified values can be used as a basis on which to make recommendations for treatment or a developmental plan. Telling parents how recommendations are related to those values will enhance the parents' willingness to follow through with the plan. Being aware of the family's existing attitudes may also be used to help them expand their values to include those which research has shown to benefit cognitive, social, and emotional development, competence motivation, and school success.

3. Professional asks parents/listens to parents tell what they want for themselves.

The child cannot be treated as separate from the family. When a child is born, all family members are affected. If the parents are stressed, overly fatigued, or ill, they will not be able to provide care for the child. By listening to the parents and finding out what they want, the professional may be able to help the parents engage in problem solving to attain their goals. Helping the parents think of specific suggestions and weigh the alternatives builds self-confidence. Listening to what the parents want for themselves reassures them that they are still important and valued as "people," not just for the parent role (or grandparent role).

Sometimes, what parents say they want for their children is directly related to what they want for themselves. For example, a mother who says she wants the child to sleep more may be expressing a wish for more sleep herself. A mother who wants her baby to be independent may want some time to herself. Professionals might help the mother think of possibilities like swapping babysitting with another mother, joining an errand pool, or exploring mothers' morning out programs.

4. Professional asks parents/listens to parents tell what they want for the family (spouse, sibling).

The birth of a child affects the entire family system. The family needs to incorporate the child into the system and adjust relationships. Examples where this does not occur might include a mother who always separates the baby and an older sibling rather than encouraging the sibling to take some interest in the baby; a eenage mother who lives with her parents but resents any interaction between them and the baby; a woman who complains that her husband ignores the child.

Similarly, all events in the family affect the infant. The mother who is worried by the behavior of another child (even though it is unrelated to the infant), or upset by her husband losing his job, may have little energy left to respond sensitively to her infant. By listening to the parent, at least the professional can allow her to air her feelings and vent frustrations in a safe way, rather than taking it out on the baby. Furthermore, the professional may be able to help parents identify possible solutions and resources.

II. Assessment or Activities as Intervention

Intervention sessions may focus on assessment, activities, or therapy. While First Years Together focuses on assessment and follow-up activities, the principles apply to any intervention session. Sessions become a teaching tool for the parents. The situation is one which provides a highly salient stimulus for parents' learning about their own children. When parents are encouraged to become active observers with professionals, rather than passive bystanders, the session becomes a guided observation of their child's development. Parents gain a greater understanding of their child's abilities and temperamental style and can provide caregiving that is better matched to the child.

During intervention, especially an assessment, parents' concerns or anxieties frequently surface. If these worries have occurred due to a misconception about infant behavior, they can be allayed by the information about development presented in the session. If the parental concern is an accurate indicator that a developmental lag exists, it opens the subject for frank discussion of the behavior, without the use of negative labels.

Professionals benefit in several ways. The parents' input on the child's performance can result in greater accuracy and reliability of assessments and developmental progress. Furthermore, since parents are better equipped to continue their observations at home, they provide additional information in the future. Overall, communications between parent and professional become easier, clearer, and more open.

Sometimes, parents have questions that they forgot to ask or were too shy to ask at the session. Frequently, new questions arise after parents have had several days to think about an assessment. The assessment itself may have caused parents to look at the infant's behavior in new ways, giving rise to questions or concerns. The professional can answer these questions through discussion, or by demonstrating the child's abilities in similar activities.

Follow up discussions can serve as a way of checking with parents about the information they received at the session. Occasionally, parents will misunderstand information or misinterpret directions they received. Their anxiety level may have been so high at the time of the session that they did not fully comprehend what was said. Professionals

can use the follow up visit to allay anxiety, clarify explanations, and repeat instructions, if needed.

The following methods are ways to modify the typical assessment so that it serves as an intervention which helps to reduce parents' anxiety and provide information about development. The guidelines given below also apply to sessions where professionals demonstrate activities or provide therapy.

1. Professional explains/comments about the testing procedure: parents' role, ceiling items, adjusted age.

   Before the session begins, professionals should explain the testing procedure in general to the parents, being sure to introduce oneself, the name of the test, and the reason why the test is being administered.

   The professional should explain her role, describing how she will give items to the child. The professional may at times ask the parent to administer the item, recommend the best way to tell the child what he is expected to do, or comment on whether the child does similar things at home. It is important to reassure parents that their comments and questions during the assessment or activity session are welcome, even if some questions will have to be answered at the end of the session. Parents should also be told that their child (especially infants) may look to them for reassurance during an assessment. Babies need the security of their parents in order to concentrate on other tasks. A parent may provide a hug, allow the child to sit in her lap, and otherwise comfort or attend to their child's physical needs such as feeding or changing at any time.

   Professionals should try to describe what is expected of the child during the assessment, showing acceptance for what the child does. Parents should be told that children may become fussy or refuse items. It should also be explained that in order to find out where the child is in development, some items will be given that the child will <u>not</u> be able to do, "ceiling" items.

   Professionals should explain how the test relates to the age of the child, in months, not on an absolute score. For premature infants, the concept of using the child's adjusted age should be explained; that it, the baby's age is calculated as the time since the expected due date to correct for prematurity. This is as important in activities as in assessments, since parents may feel their child is not developing properly if they compare their baby to full term infants or guidelines in child development books.

2. Professional explains the meaning of the test item , activity, or the behavior of the child.

As the professional administers a test item, she should explain how behavior is used to understand the infant's developing physical and mental abilities. The concepts underlying the behavior are explained, whether it is an item to check on motor skills, problem solving, etc. For example, the professional might explain that hiding a toy under a cloth is a way to see if the infant remembers the toy is there and knows how to search for it. Once parents understand the meaning of the item, they can offer specific observations on the child's behavior on similar items.

3. Professional explains the sequence of development for test items or activities emphasizing what the child has already accomplished.

During the administration of an item, the professional describes the behaviors that lead up to the target behavior, explaining how one development builds on another. Frequently, this can be demonstrated by grouping together related items on assessment scales being used, and the professional can explain how one item is more difficult than another. For example, where the infant is presented with a small pellet or raisin, the professional might point out the sequence of steps by saying: "a) at first, Baby ignored small objects; b) then Baby looked at them but didn't pick them up; c) now Baby tries to pick up the raisin by using a raking motion; and d) later Baby will pick it up by using just the thumb and forefinger." By presenting information about the sequence of development, an assessment is less likely to be perceived as a test where the baby "passes" or "fails." Instead, it becomes a description of where the child is in the process of "growing up." Behaviors which are not passed are not assigned negative labels; they are merely seen as behaviors yet to come.

4. Professional points out an observed strength of the child.

Besides educating parents about behaviors in general, the assessment can be used as a way to help parents see the individual child in a positive manner. Professionals can help parents see the strength of the child and apply it toward helping the child build a sense of competence or effectiveness. For example, a parent may notice that an infant's gross motor skills are somewhat slow in developing but fail to realize that the child is using language in a way that is beyond her age level. A professional might reorient the parent from thinking that the child is a "failure" into viewing the child as one who is more interested in learning to talk than in learning to run.

5. Professional relates a "passed" test item or infant's competency to the parent's behavior and caregiving.

When the child completes an item on the assessment scale or an activity, the professional can use this opportunity to reinforce the parents for caregiving. The child's behavior can be related to the parents' stimulation, and parents can be helped to see that their responsiveness affects the child's development. Parents can see that their "investment" in the child pays off and are more willing to continue positive parenting practices and learn new ones. The parent's sense of self-confidence and self-esteem is increased.

6. Professional comments on temperament or style of child.

During the assessment or activity, the professional can comment on the way the child approaches both the examiner and the situation. Professionals may remark on any aspect of the child's temperament: persistence, attention, distractability, approach or withdrawal to new situations and people, activity level, etc. By helping the parent to see the child's behavior as part of a style, rather than as isolated behaviors, the professional helps the parent know the child better and be more responsive to his individual needs.

III. Anticipatory Guidance

During a session, parents can be alerted to upcoming developmental issues and their implications. Information may be given to promote developmentally appropriate expectations for the child's behavior, so that parents do not worry or try to force the child to behave in ways that are too developmentally advanced or delayed. Parents can be given information or encouraged to think of ways to nurture these developments. Discussion of how upcoming issues are likely to affect parents and all family members will allow the opportunity of advance planning for specific tasks and some general emotional preparation. The results will be reduced anxiety and a smoother adjustment in parent-child interaction and family functioning.

Professionals may benefit from providing anticipatory guidance by helping parents access services more appropriately. Due to a reduction in anxiety, parents are less likely to make emergency calls or need reassurance between visits. Professionals may also use anticipatory guidance to highlight areas of development which parents would otherwise tend to overlook or ignore.

1. Professional describes the sequence of development for test items or activities, emphasizing what behavior will follow.

During or after an assessment or activity, the professional may describe the behaviors which will come next in the sequence of development. This encourages the parent to consider development as

a continuing process and to be alert to opportunities to facilitate growth. It is also useful in altering unrealistic expectations; for example: wanting the infant to hold his own bottle at three months; wondering if the 11-month-old has a speech impediment because she says "dufe" for "juice;" or expecting the child to be toilet trained at 15 months. Thus, it helps prevent the worry, frustration, or fear parents may feel when their expectations don't match the child's development. Instead, parents have a better understanding of what the infant can and will be able to do, benefiting the interaction between parent and child.

2. Professional explains/demonstrates how a parent may facilitate an upcoming development.

The professional may offer the parent specific suggestions or model techniques which may facilitate development. Parents should be helped to understand what types of stimulation or facilitation are appropriate and what signs of fatigue or stress the infant may show. Efforts should be made to include ways to incorporate these suggestions into the parents' daily routines and into parent-child playtimes. Providing information on facilitating development should be viewed as a way to enhance development in all children and not as remedial activities for those infants who show developmental delays.

3. Professional discusses how an upcoming development may affect parent-child relationship.

Some developmental issues affect parents on an emotional basis and may cause undue distress if the parent is not prepared. For example, when infants begin to show separation anxiety, mothers may feel that the infant is too dependent on them and fear this will be a permanent part of the mother-child relationship. Parents can be helped to be more responsive to the situation when reassured that this is a normal part of development and is only a temporary stage.

4. Professional suggests games, frolic play, or toys the child may enjoy in the next few months.

The professional can give suggestions for games and toys which are developmentally appropriate for the child in the upcoming months. Parents can be helped to think of materials they have at home which can be adapted safely for the baby's use. Parents may also be helped to think of ways in which siblings can interact appropriately for the age of both sibling and baby.

Parents often model their interactions with infants on what they see professionals do. Professionals who engage the infant in frolic play are emphasizing that babies enjoy interacting with their caregivers as well as helping parents discover mutually enjoyable games for themselves and the infant. Pleasurable interactions serve to reinforce interacting for both parent and child.

5. Professional relates upcoming development to safety needs.

The professional can point out to the parent how the child's developing abilities will affect the need to take safety precautions, for example, childproofing cabinets when the child begins to crawl, obtaining safety gates for stairways, etc.

IV. Parent Support

The stress of childrearing affects every parent. In our society today, there may be fewer opportunities to learn about children and how to raise them. Large extended families are less common, so when parents have a child it may be their first experience with young children. There are no external standards for childrearing, no merit raises or promotions. Some mothers are isolated; some feel devalued because they are not in the paid labor force; some who work feel guilty because they are not staying home with their children.

The stress of parenting a high-risk infant is even greater. These parents experience guilt, anger, and sadness over the failure to give birth to a "normal" or full-term healthy infant. They may experience a loss of self-esteem and have little confidence in their ability to parent a child who required the specialized services of an intensive care nursery. Furthermore, because the patterns of development for high risk infants are different from those of full-term infants, parents may continue to worry about the development of their child and their ability to nurture that development. Worried parents will be more likely to over-rely on professionals, rather than attempting to solve routine problems themselves.

Professionals can provide an external source of reassurance to the parent that they are coping with the demands of parenthood. They can also offer an opportunity for parents to examine their role as teachers and nurturers of the child's development. When self-examination occurs in a supportive and non-threatening environment, parents may be encouraged to try new practices and carry out the recommended plan with the child. Over time, parents may increase their confidence and independence in caring for their child.

The following features are helpful in supporting parents in their roles.

1. Professional alerts parents to common emotional issues in parenting a high-risk infant and gives an opportunity for discussion.

Parents of high-risk infants may experience emotional reactions which are confusing and anxiety provoking for them. For example, the mother of a premature infant may find herself feeling happy when the baby cries, yet knows that most mothers react by feeling distressed. Professionals can reassure the mother that this is normal

and common among parents of high-risk infants. It is a reaction to the time in the intensive care unit when the baby was on a respirator or was so weak that he cculd not cry. The infant's cry now is a sign of growing stronger and healthier, and that's what makes parents feel glad. Alert reassurance can help to assuage the guilt, worry, or fear that parents may feel and protect the self-confidence that is developing in their parenting abilities.

2. Professional relates developmental gains to the parent's behavior and caregiving.

In reviewing the child's developmental gains, the professional can relate the child's new behaviors to the parent's caregiving and stimulation. Parents can be helped to feel that they are important to the child's development. It provides an opportunity for parents to think about their role, what practices they would like to continue, and what practices they might like to change. Where formal developmental plans or Individualized Educational Programs (IEPs) are used, professionals may specifically identify effective strategies for parents to implement. However, even in assessments where a developmental plan will not be written, professionals can enhance the parent's awareness of providing a facilitative environment for development. For example, the professional might comment to the parent "the toys you have given your baby have helped her learn to reach for things."

3. Professional praises parent for overall caregiving.

The professional praises the parent for her caregiving in general; it may be as simple as saying, "You're a great mom" or "You do a good job of taking care of the baby." Parents' anxiety is heightened by their perception that the professional is evaluating not only the child, but also themselves in their roles as parents. Parents may become defensive or be unwilling to ask professionals questions lest they be perceived as incompetent. Praising the parents builds self-esteem and gives them some leeway to make mistakes or ask questions without feeling threatened. Parents seem more receptive to childrearing suggestions when they feel professionals respect their abilities.

Reinforcement or praise for the parent's behavior can come in several forms. The professional may tell the parent directly, for example, "You do a great job soothing Cara when she cries." Or the professional may comment on a positive aspect of the child's behavior and attribute the cause to the parent, as in, "Listen to that... Cara stopped crying as soon as she heard your voice." The professional may also speak on behalf of the infant, for example,, "Cara stopped crying. She says, 'Thanks, Mom. I love to be held and rocked.'" Speaking on behalf of the infant also seems beneficial because it helps parents to think of their actions as a dialogue with the infant and working for the child's response.

4. Professional praises parent for specific behavior observed during the visit.

The key to effective use of reinforcement is to give the reinforcement immediately after the desire behavior. The professional should praise the parent at any time during a visit when a professional sees the parent responding in a sensitive manner. By calling attention to specific behaviors and praising the parent for them, it helps the parent know that her efforts are noticed and appreciated and makes it likely that those behaviors will be continued. Praise may be given in any of the forms described above.

In cases where parents are providing only minimal care, reinforcement may be used to help shape and improve the desired behaviors. The smallest step in the right direction should be praised and encouraged. For example, a mother who looks at her baby when he begins to cry but makes no move to pick him up might be told, "You are really in touch with Jimmy. I saw you look at him as soon as he began to cry to see if he was all right. (Reinforcement of the behavior which occurred.) I know you're going to make him feel good when you pick him up and cuddle him." (Encouragement of behavior.)

5. Professional comments on how the temperament of the child affects the parent.

After identifying the temperamental style of the child, the professional can provide an opportunity to discuss how it affects the parent. Parents with one style or temperament who have children with another temperamental style may feel angry, rejected, frustrated or drained. They may feel that the child is "out to get them" because of the mismatch between their styles. Professionals can reassure parents that individuality is normal and help parents generate strategies for respecting their own needs as well as those of the child.

FYT MODEL SUMMARY

The checklist below summarizes the distinctive features of the First Years Together model. You may wish to observe a videotape of yourself or have a colleague observe you to gain feedback on your performance.

I. Parent-Professional Partnership

____ Professional asks parents/listens to parents share observations about the child.
Example:

____ Professional asks parents/listens to parents tell what they want for their child.
Example:

____ Professional asks parents/listens to parents tell what they want for the family (spouse, sibling).
Example:

____ Professional asks parents/listens to parents tell what they want for themselves.
Example:

II. Assessment or Activities as Intervention: Demonstrating infant skills through assessment and activities.

____ Professional explains/comments about the testing procedure: parents' role, ceiling items, adjusted age; and gets the parent involved by asking for information or asking parent to administer item.
Example:

____ Professional explains the meaning of the test item or activity, or explains and comments on the child's behavior.
Example:

____ Professional explains the sequence of development for test items or activities, emphasizing what the child has already accomplished to reach this level.
Example:

____ Professional points out a strength of the child or gives reassurance during assessment that child is performing as expected.
Example:

____ Professional relates a "passed" test item or infant's competency to the parent's behavior or caregiving.
Example:

III. Anticipatory Guidance.

____ Professional gives the sequence of development for test items or activities, emphasizing what behaviors will follow.
Example:

____ Professional explains how a parent may facilitate an upcoming development.
Example:

____ Professional discusses how an upcoming development may affect parent-child relationship.
Example:

____ Professional suggests games, frolic play, or toys the child may enjoy in the next few months.
Example:

____ Professional relates upcoming development to safety needs.
Example:

____ Professional models caregiving or problem solving for parent.
Example:

IV. Parent Support

____ Professional alerts parents to common emotional issues in parenting a high-risk infant and gives an opportunity for discussion.
Example:

____ Professional relates developmental gains to the parent's behavior and caregiving.
Example:

____ Professional praises parent for caregiving, general.
Example:

____ Professional praises parent for specific behavior observed during the visit.
Example:

____ Professional comments on how the temperament of the child affects the parent.
Example:

A TYPICAL SESSION

This is the third visit to Sarah Brown.

Born: March 2. Gestational Age at Birth: 32 weeks

Two Previous Visits:

#1: April 8 - Chronological Age: 5 weeks; Adjusted Age: 37 weeks gestation

#2: May 16 - Chronological Age: 11 weeks; Adjusted Age: 3 weeks

During these visits, Mrs. Brown had the shades drawn and no lights on other than the television. Sarah's behavior was consistent with her adjusted age. She showed brief periods of alertness, but Mrs. Brown was concerned because she thought that Sarah should be more awake for a baby who was nearly 3 months old. The concept of adjusted age was emphasized, and different states of arousal were demonstrated, noting how they were affected by Mrs. Brown's actions and the environment.

Sarah showed normal muscle tone in upper body, but some tendency to extend her legs. Mrs. Brown was shown some exercises to help promote flexion and trunk rotation for Sarah.

Mrs. Brown had expressed concern about her ability to care for Sarah at home but had proudly announced that she was "doing just as good as the nurses. Sarah must like it because she's been home longer now than she was in the hospital."

Current Visit:

#3: July 1 - Chronological Age: 4 months; Adjusted Age: 2 months

When the professional arrived, the shades were open, making the room brighter. Sarah was sleeping and Mrs. Brown was watching television.

When Sarah awoke, Mrs. Brown carried her into the room. The professional praised Mrs. Brown for her responsiveness and took the opportunity to note Sarah's head control (Bayley assessment items: p. 70). The professional pointed out Sarah's progress since the last visit and related it to Mrs. Brown's actions. ("Sarah could only lift her head for a few seconds on the last visit. Now she's holding it steady even when you walk. I can tell by the way you're holding her that you give her a chance to practice.") The importance of head and trunk control was related to the future development of sitting.

The professional demonstrated Sarah's visual attention to the red ring and then asked Mrs. Brown to move it slowly horizontally and vertically, noting Sarah's ability to follow it. (Bayley assessment items: p. 80). Mrs. Brown was pleased with Sarah's progress and cooed to her daughter, "You're a smart cookie!" The professional then noted Sarah's reaction to her mother's voice and aksed Mrs. Brown to shake a rattle and ring a bell (Bayley assessment items: p. 84) to demonstrate Sarah's hearing.

The visit continued in this fashion, with Sarah meeting all mental and motor milestones appropriate for her age. Her earlier tendency to stiffen and extend her legs was still present. Further exercises to help Sarah bend at the knees (flexion) and twist at the waist (trunk rotation) were demonstrated.

At the end of the visit, the professional gave Mrs. Brown the Infant Development Plan on the next page.

FEATURES TO NOTE ON THE TYPICAL SESSION

Adjusted Age. The visit was made on July 1. Sarah was born two months prematurely on March 2, so even though her chronological age is four months, her age has been corrected for prematurity, resulting in an adjusted age of two months.

Parent-Professional Partnership. The emphasis of the session was on Sarah's alertness and attention since that had been a concern of Mrs. Brown's.

Assessment or Activities as Intervention. The professional asked Mrs. Brown to perform several activities with Sarah to demonstrate her abilities. The concept of adjusted age was emphasized and related to Sarah's sequence of accomplishments.

Anticipatory Guidance. The relationship between head and trunk control and sitting was discussed. Further suggestions to facilitate development were given and are included in the Infant Development Plan.

Parent Support. The professional praised Mrs. Brown for her specific actions in caring for Sarah. The professional listened to Mrs. Brown discuss her fear that Sarah's early lack of alertness was an indication of mental retardation.

FEATURES TO NOTE ON THE DEVELOPMENTAL PLAN

Language Used. Written as though the infant is speaking, the plan eliminates jargon and uses simple language that all parents can understand without seeming condescending. It also helps parents to see the infant as a person, with needs, feelings, thoughts, and wants.

Four Sections. The four sections of the plan correspond to the four columns of the tables in the manual.

"My strengths are": This describes the abilities observed jointly by Mrs. Brown and the professional during the visit. The emphasis on visual and auditory skills reflects Mrs. Brown's concern. This section corresponds to the "Assessment" column in the tables.

"Thank you for": The section reinforces Mrs. Brown for good caregiving practices that were observed, such as her interaction with Sarah. It includes praise for following the recommendations from the last visit to open the shades and brighten the room, allowing Sarah to be more alert and visually attentive. Attention is given to relating the parent's caregiving and the child's developmental gains. This section corresponds to the "Praise for Parents" column in the tables.

"How you help me": Suggestions for fostering Sarah's development are given here. It includes suggestions to remediate conditions observed in this visit (e.g., exercises to reduce stiffness) as well as suggestions to facilitate upcoming developments (e.g., reaching and sitting). This section corresponds to the "Encouragement" column in the tables.

"Soon I will be": Anticipatory guidance is provided by describing the behaviors that will be developing soon in the child. This helps parents to have realistic expectations of what behaviors will occur next for the child. This section corresponds to the "Behavior Sequence" section of the tables.

First Years Together

DEVELOPMENTAL PLAN

for: Sarah Brown

at: 2 months (adjusted age)

Date: July 1

MY STRENGTHS ARE:

I am staying awake longer now. It gives me more time to play with you. I love people, especially you, Mom and Dad. When you smile and talk to me I will smile back and try to talk and coo. I watch your mouth and try to move mine like yours.

I get excited when I hear your voice. I wave my arms and kick my legs when I hear you, even before I see you. I like to listen to other sounds, too, like a rattle or bell. When I hear a sound, I start looking around to see where the sound comes from.

I like to follow your face with my eyes. I can also follow the movements of smaller objects like a rattle or brightly colored ring. I like to watch it go back and forth, up and down, and even in a circle.

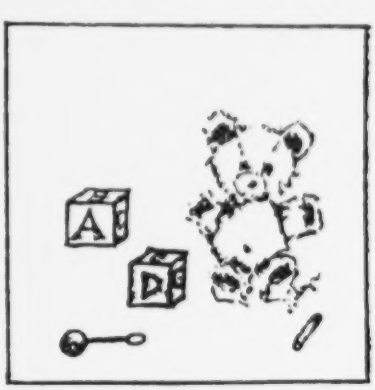
I can hold my head steady when you hold me on your shoulder and even when you walk around the room. When I am on my tummy on the floor, I can lift my head up and look around.

THANK YOU FOR:

Thank you for holding me close and talking to me. This gives me a nice view of your face so I can watch your eyes and mouth. When you talk to me in your "special voice," it catches my attention and makes me want to join in the conversation. I like the music box you play for me, too.

Thank you for being so patient with me when I cry. I continue to have a time each day when the world becomes too much for me and I need to cry a little. You try so hard to console me, but as you know, I sometimes just need to cry by myself for a few minutes. Because you help me to be calm now, I will be better able to calm myself soon.

Thank you for helping me learn about my world. You make sure that I have interesting things to look at and good light to see by, whether I am in my bed or playing on the floor. I love my sunflower with the face on it! Thanks for helping me learn to watch things as they move. I like to look at my bunny when you make him hop across the floor. I can even feel my neck muscles getting stronger when I lift my head and watch!



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HOW YOU HELP ME:

You are so good at helping me exercise. I am beginning to like "Disco Duck," and it is much easier now that I am less stiff. You are so faithful to do my exercises every time you change my diaper. I love it when we play. You raise my feet and hips up and help me notice my feet. I can't wait till I can play with my toes!

Placing me on my side for brief periods several times a day really helps me keep my hands in the middle of my body. I like to watch my hands and can hardly wait until I can use them to bat or grab things. When you offer me toys, if you stroke the back of my fist, it helps me open my hand so I can try to grasp them.

Give me some quiet time without television or radio to listen to your voice or practice making sounds. Turn on my music box when you put me to bed. Help me learn that different objects make different sounds by showing me a squeeze toy and making it squeak, then showing me a rattle and shaking it.

SOON I WILL BE:

I will soon be reaching and holding my rattle and other toys. I will want to taste them all! I will enjoy exploring everything with my mouth. Now is the time to do a safety check of my toys to look for sharp edges or loose parts. You are doing such a good job of offering me toys and objects that I know I will be reaching and holding them soon.

I will be making more and more sounds. These sounds will be more distinctive and you will be able to tell when I am satisfied, or unhappy and getting ready to cry. The more I hear you talk, the more I want to talk to you!

Soon I will be making efforts to sit. Right now, I like to sit in your lap with your hands around my chest. I get good support and can see and explore my world with your help. If you give me a toy to hold when I sit in your lap, this will get my hands in front of my body and curl my shoulders forward. It will help me learn to balance.

CHAPTER 3

POSTHOSPITAL PERIOD

As advances in medicine occur, greater numbers of premature infants survive, and at increasingly younger gestational ages (age since conception). Some preterm infants are discharged from the hospital at approximately "term age," the time of their expected date of delivery; other premies are discharged before they reach term age. Therefore, professionals who work with preterm infants in follow-up programs are being asked to work with younger infants, whose behavior is different from that of full-term newborn infants.

When parents bring their baby home from the hospital, they become aware of the dependence of the baby on them and their responsibility for caregiving. Most new parents quickly learn the basic caregiving skills and become more confident in their ability to care for the infant.

Even though parents of high-risk infants have had a longer period of time to get to know their infant before bringing the baby home, feelings of inadequacy or lack of confidence in caregiving may exceed the degree of worry felt by parents of healthy full terms. This feeling may begin with the idea, "I couldn't give birth to a healthy baby" and extend into other aspects of parenting. Parents may continue to see the infant as weak, vulnerable, and needing the special care provided by the hospital. In addition, premies or high-risk infants may have health problems or characteristics which make them more difficult to care for than healthy full terms. As a resu , parents of high-risk infants may need help in recognizing the infant's competencies, support in dealing with the emotional reaction of giving birth to a high-risk infant, and reassurance of their ability to care for the infant.

HOW TO USE THIS CHAPTER

Section I of this chapter, "Infant Development," is a guide to demonstrate the infant's abilities and acquaint parents with special characteristics of the baby. It is based on selected items from the Brazelton Neonatal Behavioral Assessment Scale and the Assessment of Preterm Infant Behavior. The professional is NOT expected to know how to administer or score these scales, but instructions are given for using the items to demonstrate the infant's capabilities to the parents. The items are appropriate for use with preterm or sick infants as well as with healthy full-term infants. Depending on the infant's health and level of development, other items may be added.

Section II, "Family Issues," focuses on helping parents deal with the emotional issues and adjustments facing the entire family. It describes experiences and reactions common among families of preterm and high-risk infants who have required an extended hospital stay. Because of the emotional stress surrounding this event, parents need to express their concerns regarding their experiences. Even though the infant may be six months or older, it is recommended that professionals begin a new relationship with parents by

reviewing these issues. Until the parents have moved beyond the concerns of this period, they will be less able to give full attention to providing optimal care for their child.

Section I: Infant Development

This section considers the characteristics of infants recovering from illness and development of the preterm infant from the time of hospital discharge until approximately "term age," that is, the time the infant was expected to be born (the mother's due date) or 40 weeks gestation. In keeping with the First Years Together philosophy of demonstrating the infant's competencies and acquainting the parent with those strengths, suggestions are given for activities or "assessments" based on selected items from the Brazelton Neonatal Behavioral Assessment Scale (BNBAS; Brazelton, 1984) and the Assessment of Preterm Infants' Behavior (APIB; Als, Lester, Tronick, and Brazelton, 1982). Only a limited number of items are presented. These items were chosen because they were most helpful in promoting the acquaintance process, are minimally stressful to the preterm infant, and serve to explain later features of development. This section includes basic information relevant to all newborns, whether preterm or full-term.

This section is organized differently from the following chapters. Whereas later chapters are organized by topical areas, e.g., motor skills, cognitive skills, etc., this chapter is organized according to the order of activities in the acquaintance process.

USING THE TABLES

Selection of items. The activities included demand increasing amounts of energy or response from the infant. Professionals NEED to use their own judgment in administering the items without causing a high level of stress in the child. For short gestation or very ill babies, the professional may decide to administer only the first few items.

Order of items. Professionals should try to bring the infants through all states of arousal, if this is possible and the infant is stable. The orientation items are most important for helping the parent focus on the infant's availability for interaction and should be given priority in the session. These activities should be performed in the exam whenever the infant is alert and able to be attentive. The reflex items are included immediately before the orientation activities because they are helpful in arousing the infant to a quiet alert state. Further reflex items may be included in a similar manner, with the professional providing explanations.

Column 1: Behaviors Observed.

This column lists behaviors of preterm infants and indications of stress on infants. The professional can use this information to help parents identify behavior common among premies and newborns.

Column 2: Explanation.

The next column gives an explanation of the behaviors and why it is important to observe them. This information is helpful in understanding how to interact with the infant.

Column 3: Praise for Parents.

Contained in this column are examples of ways to praise parents for specific aspects of caregiving. Praising parents helps to build the parents' confidence and the parent-professional partnership. Specific praise reinforces good parenting practices that are already used and educates parents about how their actions influence the child's development.

Column 4: Encouragement of Development.

Suggestions are listed for activities that help reduce stress in the infant and facilitate development. Professionals may model activities for the parent, emphasizing the need to observe the effects of activities on the infant.

Special needs of preterm and high-risk infants.

Organization of behavior. The infant has five levels of behavior, where the functioning of one level both affects, and is affected by, other levels. In the case of preterm birth, stresses on one system upset the smooth functioning of another system or the interaction between systems.

(1) The autonomic or physiological system can be seen in the infant's color, respiration, temperature, heart rate, and digestive function. Preterm infants may have difficulty controlling the normal functioning of this system, especially when stressed.

(2) The motor system is observable in the posture, tone, and movements of the infant. In utero, the infant's movements are restricted, resulting in a position where the arms and legs are bent and tucked close to the body. The preterm may either be too weak or too high in body tone to maintain a flexed body position and may show jerky, uncontrolled, or overextended body movements. When stressed, the infant may show a decrease in motor control.

(3) The state system refers to six clear and distinct states of arousal or "levels of consciousness" which range from quiet sleep, active sleep, drowsiness, quiet alert, active awake, and crying. Preterms may show poorly differentiated states or rapid shifting from one state to another.

(4) The attention-interactive system is the elaboration of the quiet alert state with refinement of looking, listening, and responding skills. This is the most rapidly changing and developing skill of the full-term infant in the first months. Preterms are less alert and responsive than full-term infants and show more gaze aversion and less eye contact in interactions. In addition, preterms are limited in their ability to take in and process stimulation, resulting in an inability to maintain the alert state.

(5) The regulatory system is shown in the infant's ability to maintain or return to a balanced, stable, and relaxed state of system integration. Preterms are easily overstimulated and are less able to restore a balance. Consequently, they are more irritable than full terms and require more facilitation from the parent or environment to assist them.

Vision. Visual impairment is one of the most common problems among premature infants or infants who receive oxygen therapy. Many of these problems result from retinopathy of prematurity, a disorder affecting the retina in

the eye. Infection, birth trauma, or pressure on the brain can all cause visual damage. Consequences include near or farsightedness, strabismus, or damage to the optic nerve or brain centers. Infants who have been shunted for hydrocephalus may have difficulties with peripheral vision. Children who receive oxygen in the nursery should be seen by an opthalmologist before leaving the hospital and also in the early weeks or months at home.

Hearing. Prematures make up approximately 17% of the hearing impaired population in the U.S. (Harrison, 1983). Hearing loss can occur due to transmission problems with the eardrum and middle ear, or damage to the cochlea (inner ear), auditory nerve, or auditory receptive areas of the brain. Children at risk include not only prematures, but also those who suffered severe asphyxia before, during or after birth; hyperbilirubinemia requiring transfusion; congenital infections, such as cytomegalovirus; bacterial meningitis; or large doses of antibiotic drugs.

Section II. Family issues.

Attention to the emotional needs of the parents and family members is critical in early visits with families of high risk infants. Parents whose needs have not been met are less able to focus on the abilities of their child and promote the child's development. While the infant is discharged from the hospital when able to meet criteria relevant to weight gain, respiration, etc., no such criteria are applied to development of the parents. Thus, some parents are quite comfortable with taking their infant home and may require little support; many are nervous but manage well with adequate support; and some have not yet dealt with the earliest issues of giving birth to a high-risk infant and will require a great deal of support to promote self-sufficiency in parenting.

In this chapter, the transition from hospital to home care is the main theme. In addition, the section includes some items that parents may have already resolved by the time the infant is discharged from the hospital, but it is important for professionals to appraise the situation and respond appropriately.

USING THE TABLES

Column 1: Issue.

This section identifies topics that commonly concern parents. Parents vary in how quickly they resolve issues and which issues are more difficult to resolve. Some parents may not verbalize their feelings because they fear they may be ridiculed or accused of overreacting. Therefore, it is suggested that professionals raise the issue and provide a supportive, non-judgmental atmosphere in which parents can discuss their concerns.

Column 2: Appraisal.

Professionals are asked to evaluate the parent's adjustment in dealing with the issue. Suggestions for ways of obtaining information are given in the form of open-ended questions and observations of the parent's spontaneous comments. Frequently, the same questions are asked at different intervals, but the responses given by the parents are different. Some questions may be used at each visit, with responses

varying according to the concerns the parent may have. Asking about the infant's sleeping pattern and eating habits are general questions that easily lead into discussion of many topics.

Column 3: Listen.

This column contains examples of statements that parents frequently make either spontaneously or in response to the questions. These comments are usually signs that the parent has some concern about the issue. Sometimes, the parent is simply concerned because they believe parents of healthy full-term infants may not have similar fears and feelings. While many of these issues are common among all parents of infants, parents of high-risk infants often experience them with greater intensity.

Column 4: Information and Suggested Action.

Specific guidelines for the professional are listed in this column. Information regarding the issue and suggestions or actions are given that the professional may apply to the parents and their specific situation. Professionals need to acquire a knowledge of resources in their community.

POSTHOSPITAL PERIOD

I. INFANT DEVELOPMENT

1. Physiological Control
2. Motor Control

BEHAVIORS OBSERVED | EXPLANATION

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1. Physiological Control

Situation: Any time during visit.

Autonomic stability is shown by:
- smooth respiration
- good, stable color
- stable digestion

Stress signals include (among others):
- startling or tremors
- coughing, sneezing, yawning, sighing
- respiratory pauses, tachypnea
- color changes: mottled, bluish, grey, flushed
- gagging, gasping
- spitting up
- hiccoughing
- straining as if producing a bowel movement
- seizures

Baby must work to maintain basic body functions that we usually think about very little or not at all, such as getting oxygen by breathing, keeping a steady heart rate, having a stable body temperature (not too warm or too cool), being able to keep down and digest food, and eliminating.

If a baby is born early, the body is not ready to do these things, so special machines or tubes in the intensive care nursery help.

As a baby develops, he is able to control his own body functions with less help. When Baby is stressed or overstimulated, he may show it by not being able to control his body. Did you see how Baby's face turned red when we started talking loudly?

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2. Motor Control

Situation: Any time during visit. Observe how the baby holds his arms, legs and head while at rest, and how smooth his movements are when he is awake.

Motor stability is shown by:
- smooth movements
- grasping with hand or foot
- sucking or suck searching
- tucking chin toward chest
- holding arms and legs near the body
- appropriate muscle tone, balanced movements

Motoric stress signals include:
- jerky movements, overshooting
- fingers outstretched (splayed)
- holding arms away from body in a "w-position"
- arching backwards
- floppy muscle tone (hypotonia)
- stiff muscle tone (hypertonia)

When we look at Baby's motor abilities, we look at how he holds his arms and legs, and how he moves. Most full term babies hold their arms and legs bent close to their body because they spent so much time curled up in the mother's uterus. Premies missed out on the last part of pregnancy, so they did not get as much practice bending. They may hold their arms and legs away from their body, and if so, we should help them bend and curl. When Baby is in control of his body, he will move his arms and legs smoothly. But when Baby is stressed, you may see him become stiff, floppy, or jerky. Baby will get better control of his body and be able to move his arms and legs more smoothly as he gets older.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You do a nice job of helping Ramona to stay calm. When you saw her startle and her face turned red, you stopped talking to her and let her rest."	Provide quiet times throughout the day. During noisy times, when you notice Baby showing signs of stress, take her into another room or away from the noise for a brief rest. Prepare relatives and friends when they come to visit. Explain that some premies are easily stressed. Tell them that if Baby starts to show stress signals, it will be time for her to rest.
"When you wrap Russ in a blanket, it helps him keep his movements under control. Then he can spend his energy looking at you." "I know Shannon seems strong when she arches and pushes her head back. You are helping her learn to bend her head forward when you changed the way you were holding her." "Helping Murray get his hand to his mouth is a nice way for you to help him control all his movements."	Pay careful attention to placing Baby in positions that will help him control his body and his movements. For example: - swaddling Baby in a blanket with his arms together toward the front of his chest and his hands close to his mouth. - placing Baby on his side so that his arms and legs come closer to the front of his body rather than extending in a w-position. - placing a rolled-up towel or blanket behind Baby's back will help him remain in a side-lying position without arching backwards. - placing a towel roll against the soles of Baby's feet when his legs are bent at the knee will help prevention extension of legs. - placing Baby on his tummy, with hands up near his face. - holding Baby so that his chin is tucked toward his chest and his hands are toward the middle of his body. - holding Baby with your hand or arm supporting his feet to encourage him to bend his legs at the knees.

BEHAVIORS OBSERVED	EXPLANATION
3. States of Arousal	
Situation: Any time during visit.	
a. Quiet sleep: - eyes unmoving under closed lids - regular breathing - little or no body movements	This is a time for rest; Baby tries to shut out sights and sounds around her. If the neonatologist or pediatrician has recommended feeding Baby frequently, whenis feeding time, try to rouse Baby to a more awake state about five minutes before feeding her.
b. Active sleep: - eyes moving under closed lids - irregular breathing - coughs, weak cries, whimpers - some movements of arms or legs, sucking movements with mouth	Even though Baby's movements or noises might make you think she is awake, this is a sleep state that seems to be like dreaming in adults. You do not need to pick Baby up or comfrt her; she will either go into a quiet sleep or become more awake. About half the time Baby is sleeping is spent in active sleep.
c. Drowsiness: - eyes are droopy, heavy lidded, if open - eyes do not focus on one object - eyes open fleetingly, if closed - quiet, few body movements	Look at how Baby's eyelids are drooping and she's glassy-eyed. She is in a state of drowsiness now, between sleeping and being alert. Before they reach term age, premies spend more time in this state than full terms.
d. Quiet alert: - eyes bright and shiny - eyes focus on a face or object - cheeks softened, "ooh face"	Do you see how Baby is staring intently at you? She's paying attention to what you look like. When Baby is alert like this is the best time to talk and play gently with her. She will spend more time in this state in the next few months.
e. Active awake: - eyes not focusing on one object - arms waving - legs may "bicycle"	Look at Baby waving his arms and legs! Do you see how he isn't looking at anything in particular? He's just moving for the sake of moving, but if he loses control over his movement, he'll probably start to cry and will need your help to calm down.
f. Crying: - eyes may be opened or closed - no tears - skin reddens	When Baby cries, he needs your help to calm down. He may be hungry, thirsty, too hot, too cold, tired, overstimulated, etc. Sometimes it may be hard to figure out why Baby is crying, but there is some reason.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You made a good decision to leave Jessica asleep in her infant seat when you saw she was sleeping so peacefully."	When possible, schedule your activities, such as vacuuming or shopping, at times other than when Baby is in a quiet sleep. Help Baby to rest undisturbed.
"When I heard Monroe whimper, I thought he was awake, but you know him well enough to know he was in an active state of sleep and did not bother him."	When Baby cries or whimpers, check to see if Baby has opened his eyes or continues crying and moving. If Baby is in active sleep, he may stay asleep if you do not pick him up, change his diaper, etc.
"You are a caring Mom! When you noticed that Leslie was drowsy, you took her to her room for her nap."	If Baby is moving from waking to sleeping, try to make her comfortable before she moves into a sleep state. If Baby is moving from sleeping to waking, allow her to reach a more alert state before feeding, changing diapers, etc.
"Jordan was looking at you so intently. You let him know that being awake can be fun when you looked at him and smiled." "You helped Katie to calm down and look at you when you cradled her in your arms and held her hands."	If Baby has been drowsy or sleeping, help him reach and main an alert state by: - making sure he is not too warm or cold. - holding Baby in a semi-upright position, not flat. - giving Baby something interesting to see (your face, a toy); babies see best now at a distance of 8-10 inches. - making the room brighter (open drapes or turn on lights). If Baby is in a more active state, moving or fussing, help him reach and maintain an alert state by: - swaddling Baby or holding his hands to help him control his movements. - giving Baby a pacifier to suck, as needed. - talking quietly to Baby in a soft, soothing voice.
"You helped Timothy enjoy moving without losing control when you placed him on his side with a towel roll at his back."	Let Baby enjoy moving, but observe him for signs that he is getting tired and losing control of his movements. Help Baby regain control before he starts to cry, when possible.
"I know it was hard for you to stay up so late last night, but Lisa really appreciates your comforting!"	Remember that Baby is crying for a reason. Help Baby become calm.

BEHAVIORS OBSERVED	EXPLANATION

4. Habituation

a. Habituation to light

Situation: While infant is sleeping (states 1 or 2), shine a flashlight (held 10-12 inches away) into infant's eyes for 1 to 2 seconds. Repeat 5 seconds after infant's last response (no more than 10 times) or until infant wakes.

Observe: Habituation is shown when the infant's response* to the light decreases or is delayed. For example: (from high response to low):
- startling
- body movements
- body movements, delayed
- eye blinks
- change in breathing

*If there is no response or minimal response to the first two trials, gently uncover infant and begin again.

When Baby is sleeping, she can learn to shut out lights or noises that are bothersome. Watch what happens when we shine a light over her eyes. Did you see her startle (move, etc.)? Now, if we do it again, let's see if her reaction will change. (Repeat and point out changes.) That time she moved only her hands and head, instead of her whole body. (Repeat.) That time she only blinked her eyes. She is learning that the light is unimportant, just as you might first listen to the sound of a lawn mower running, then be able to go on as if you hardly heard it.

For a sick or premature baby, it may be hard to shut out these events and sleep is disturbed. But as Baby develops, she will be bothered less by these lights and noises as she sleeps.

Sometimes, instead of shutting out the light (noise), Baby will wake up. When that happens, she doesn't have a chance to show whether she can shut it out or not.

b. Habituation to rattle, bell

As above, hold rattle 10-12 inches from baby and shake gently for one second.

Repeat as above for bell, 12-15 inches from baby.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Aaron seems to be sleeping so peacefully with the 'heartbeat' teddy bear you got him. It helps him tune out loud noises."	If Baby is restless in sleep and startles frequently to ordinary household noises, playing a radio softly or a record of mother's heartbeat may help to screen out extraneous noise and allow Baby to sleep better.
"You were so thoughtful to turn off the TV when you saw that Shana was restless in her sleep. You knew she was having trouble blocking out the sound."	Remember, if Baby is sick or more tired than usually, she may not be as able to block out sights and sounds when sleeping. It may be helpful to make Baby's world quieter than usual, for example, by: - moving Baby to another room while talking or doing chores. - turning the TV off or playing it very quietly. - taking the telephone off the hook. - limiting visitors. - pulling the shades or dimming the lights.

BEHAVIORS OBSERVED	EXPLANATION

5. Reflexes

While infant is in states of quiet alertness or activity (states 4 or 5):

a. Rooting

Situation: Stroke the infant gently along the side of the mouth.

Observe:
- lip movements
- tongue protrusion
- mouth opening
- head turning to stimulated side

When Baby is touched on the side of the mouth, he reacts by beginning to look for food. He may start to suck, stick out his tongue, or turn to the side where he was touched.

Baby will show this "rooting reflex" more if he is hungry or thirsty. As Baby develops, this reflex will disappear.

b. Walking

Situation: Hold infant by placing hands around trunk under the infant's arms to support infant firmly. Leaning the infant forward slightly, hold the infant upright so that his feet bear some weight on the table or crib surface.

Observe:
- infant's attempts to lift one foot after the other in a "walking" motion.

Look at Baby trying to walk! I'm holding Baby so that he isn't putting much weight on his legs, but just touching his feet to the ground. He already has the basic movement pattern of walking. Of course, it will be about a year before Baby can support his own weight.

Even though Baby can show us how he takes steps, in order for him to walk later he will need to practice lots of bending now, because walking involves bending one leg while straightening the other leg. Remember that premies missed out on the last weeks inside the uterus, where they would have gotten practice in bending, so we have to help them.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You were smart to touch Lucy's cheek to get her to open her mouth for the bottle."	This reflex may be weak in short gestation babies. In time, it will become stronger without encouragement and then eventually disappear again. Recognize that Baby may show this reflex even when she is not hungry.
"Even though Randy tries to hold his legs straight and stiff, you help him to bend them." "You are helping Polly's muscles learn to bend as well as stretch when you snuggle her in your arms that way."	Helping Baby bend now is important for walking later. In walking, one leg straightens while one leg bends. Help Baby bend by: - holding Baby cradled in your arms with one hand or arm against Baby's feet to help him bend at the knees. - placing Baby on his back on your lap, with his head on your knees, and his legs toward your stomach; help Baby bend at the knees while you talk and sing to him. - placing a towel roll under the soles of Baby's feet to help him bend at the knees when side-lying.

BEHAVIORS OBSERVED	EXPLANATION
6. Orientation	
While infant is quietly alert (state 4, preferred) or actively awake (state 5), infant may be held on adult's lap or held semi-upright in adult arms. Infant may be swaddled or given pacifier to suck on to aid alertness. Professional may perform activities or give parent directions and have parent perform activities.	It will be difficult for Baby to pay attention to her world if she is too sleepy, or too excited or upset. As Baby develops, it may be easier for her to calm herself so she can pay attention, but now she may need your help.
a. Visual attention to objects or faces	
Situation: Objects. Hold a bright red ball 8-12 inches from Baby's eyes. Jiggle ball to catch Baby's attention; slowly move ball horizontally from one side to another.	Look at Baby watching the ball (face)! See how she stopped moving and then opened her eyes wide? She is interested in seeing the world around her. Right now, Baby only watches objects for short periods of time, but as she develops, she will spend more time being alert and watching objects.
Situation: Faces. Adult (professional or parent) faces the infant 12-18 inches away and slowly moves horizontally from side to side.	Baby can see best when a toy is held 8-12 inches away but will be able to see things further away as she gets older. Right now, she likes bright colors, like red or yellow best, and she likes faces most of all.
Observe: Stable attention is shown by: - change in breathing - quieting, fewer random movements - widening of eyes, brighter look - focusing on ball when in line of vision - following ball with eyes or head - mouth purses to "ooh" face State related stress is shown by: - eyes shifting from object or face - eyes "floating" - head turning away from object or face - glassy- eyed, strained alertness - irritability, diffuse arousal - signs of motoric stress (Cont'd)	When Baby shifts her eyes away or turns her head, it means that she needs a rest. Paying attention is especially difficult for premies or sick babies. Adults need to go at a slow pace and let Baby take frequent breaks, or she will get overstimulated and cry. Faces can be more stimulating than objects because people smile and move their eyes and talk. If Baby is easily overstimulated when looking at faces, try to keep a calm expression and slow the pace.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You do a nice job helping Luke become awake and alert so he can open his eyes and pay attention."	Help Baby maintain a quiet state and control of her movements so she can pay attention. Follow suggestions above for States of Arousal and Motor Control.
"When you saw Ilse open her eyes, you smiled and nodded your head to catch her attention. Ilse's eyes opened wide as if to say 'I like to look at you!'"	Try showing a toy 8-12 inches away from Baby. Try jiggling the toy to catch Baby's attention or moving the toy nearer or further away from Baby.
"Brent enjoys looking the happy face picture you made. The black smile and eyes against the bright yellow catches his attention."	Use brightly colored, simple, shiny objects. Bright reds, yellows and blues are more eye-catching to Baby than pastels. Objects that are a solid color, or a simple black and white design (like wide stripes or a 2x2 checkerboard) are better than toys or pictures with many details or complicated designs.
	Position your face 8-12 inches away from Baby. Wait until she is calm before trying to make eye contact.
"Dorothy is lucky to have a mom like you! When you saw her look away, you stopped talking and waited for her to turn back to you."	If Baby shows signs of stress or overstimulation with faces, try to reduce stimulation by: - allowing Baby to turn away or take a break. - slowing your pace of play. - showing your face without talking or cooing. - holding your face "still" without making "faces" at Baby (opening mouth, pursing lips, widening eyes). - using your fingers or a toy to "lead" Baby's gaze to you. - placing Baby in an infant seat rather than holding her.

BEHAVIORS OBSERVED	EXPLANATION
6. Orientation (cont'd)	
b. Attention to sounds and voices.	
Situation: Sounds. With infant's head in midline, gently shake a rattle 6-12 inches from Baby's ear (holding rattle so Baby cannot see it); may repeat to other ear.	Do you see the way Baby is listening to your voice (the sound of the rattle)? She has become very quiet and slowed her breathing. She is opening her eyes and trying to decide where to look for you. As Baby develops, she will turn her head to find you when you call her or make an interesting noise.
Situation: Voices. Adult (professional or parent) stands out of Baby's line of sight. Call softly to infant, 6-12 inches from Baby's ear, in a soft, high-pitched voice.	Babies can hear before birth. Many babies can recognize their parents' voices and tell them from other people's voices. Frequently, when a parent and another adult stand on either side of Baby and call to her, Baby will turn toward her parent!
Observe: as above for visual attention; also: - shifting of eyes to sound - head turns toward source of sound	
7. Consolability	
a. Self quieting.	
Situation: While infant is crying or actively moving (states 6 or 5), Baby is able to bring self to a quieter state (4, 3, 2, or 1).	When some babies cry, they try to calm themselves down by looking or listening or by sucking on their lips. Look at Baby try to calm himself by sucking on his tongue! Even though he can calm himself only for a second or two, he will get better at calming himself as he develops. He will even be able to get his hand to his mouth and suck on it to calm down. For now, he needs your help to calm down and to learn what it feels like to be calm. This will help him be able to calm himself better in the months ahead.
Observe: Any attempts to quiet self for a few seconds or longer by: - sucking on tongue or mouth - bringing hand to mouth - sucking on own fist or fingers - looking or listening to something	

(Cont'd)

PRAISE FOR PARENTS	ENCOURAGEMENT
"Cleo likes to listen to the musical clock when you hold it to the side of her, even though she turns away from its busy face when you show it to her." "You help Gabe learn to listen when you talk to him in a quiet voice."	Paying attention to sights and sounds may be overstimulating to Baby. Shaking a rattle to the side of Baby's ear where she can't see it can help her focus on just the sound. (The adult also needs to keep her face out of the line of sight.) Let Baby see the rattle after she has had a chance to listen for it. Follow suggestions for reducing overstimulation mentioned above; also: - talk more quietly. - talk more slowly. - try a higher or lower pitched tone of voice. - talk to Baby in her crib rather than while holding her.
"Holding Brock so he could get his hand to his mouth and suck on his fingers is a good way to help him learn to calm himself."	Helping Baby to be in a calm state whenever possible is the first step in helping Baby learn to calm himself. Holding or placing Baby in positions where he can get his hand to his mouth will help him learn that sucking on his fingers or fist is a way to calm down. Try: - holding Baby looking over your shoulder with his hands near his mouth. Be sure to support the back of Baby's hand with your hand. - swaddling Baby with his arms toward his chest and his hands toward his mouth.

BEHAVIORS OBSERVED	EXPLANATION

7. Consolability (cont'd)

b. With comforting

Situation: While infant is crying (state 6), adult (professional or parent) attempts to comfort infant with increasing degrees of intervention.

Observe: How much intervention infant requires to be consoled, from least intervention to most, when adult:

- presents her face to infant
- speaks and shows her face
- places hand on infant's belly
- restrains one or both of infant's arms
- picks up infant and holds
- holds and rocks infant
- swaddles infant
- gives infant finger or pacifier to suck

Some babies need a lot of help to calm down, and some babies need only a little. And babies change, so they don't always need the same thing. We can try different ways to see how much help Baby needs to calm down (proceed through sequence or direct parent through sequence). Baby seems to need you to hold him before he can get comfortable (point out actions which result in consoling Baby).

Regardless of what Baby needs, it is important to help Baby when he cries. If he learns that you will comfort him when he cries, Baby will cry less in the future. Even though all babies cry sometimes, Baby is learning that he can depend on you.

* *

SPECIAL NOTE:
Many premies or sick babies cry due to overstimulation. Because the nervous system is immature, they are easily overloaded by too many sights, sounds, touches, people, etc. Often, they may be especially sensitive to one kind of stimulation, for example, to noises or to touch.

Example: Whenever we seem to start talking more loudly, Baby seems to get upset. First his arms start to wave around, and then his face gets red, and then he starts to cry. Baby is easily overstimulated because his nervous system is not completely developed yet. He will outgrow this, but for now, it's best to help him by calming him down or not letting him get overstimulated.

* *

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so loving and patient with Renee. When she cried, you reached out to pat her, and then when she still cried you picked her up and walked her. You knew she needed more."	Common reasons why babies cry include: hunger, thirst, too hot, too cold, sleepy, sick, uncomfortable position, pain, want to be held, need to burp, need to discharge pent-up energy, overstimulation by sights or sounds. Take appropriate actions.
"Callie seems to enjoy the pacifier. You were thoughtful to find one made especially for premies."	Other suggestions (whether Baby is crying or not): - try placing Baby on a lambskin to sleep and play. - carry Baby in a chest carrier or sling for a 30-minute period 3 or 4 times per day. - play a tape or record of material "heartbeat" sounds near Baby. - give Baby a pacifier or nipple to suck.
"What a slow, gentle approach to John! First you let him see your face, then you picked him up, and then you started talking."	Help Baby build up tolerance for stimulation by starting off with only one type of stimulation and adding other events only when Baby is ready. For example: - hold Baby only; - hold and make eye contact. - hold, eye contact, and talk.
"Melinda breathed a sigh of relief when you turned the light down. She says, 'That was too bright for me!'"	Try to reduce background stimulation as well as intentional stimulation. Try: - dimming the lights/closing drapes or blinds. - turning off the TV, radio, stereo, etc. - loosening or removing tight clothing, diapers. - closing the door to the family room or kitchen where others are talking or playing.

ISSUE	APPRAISAL
1. Fears and Feelings - The Individual Parent	
a. Emotional reaction to birth of a high-risk infant.	
(1) Parents' feelings about labor and delivery.	Has the parent had an opportunity to describe her labor and delivery experience? Ask: "When did you realize you were in labor?" "What parts of labor and delivery do you most remember?" "Tell me about your hospital stay." "Did you have any idea or warning that the baby might be preterm?"
(2) Parents' reaction to seeing the infant and the high-risk nursery.	Have the parents grieved for the loss of the "fantasy baby" or "perfect baby" they expected and accepted their high-risk infant? Ask: "When did you first see your baby?" "What was your reaction when you first saw him/her?" "How did you feel when you first entered the NICU?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"When I was pregnant, everyone paid attention to me but now everyone asks about the baby, but no one seems to care what happened to me." "Nobody told me I did a good job. I worked hard in labor and delivery." "I had just signed up for childbirth classes but didn't even get to attend one class." "I did everything the book said to have a healthy baby and this happened to me. Why me?"	Provide an opportunity for parents to talk about labor and delivery. This is a normal need for all new parents. Common issues to discuss: - Friends and families focus attention on the infant and may avoid asking about childbirth for fear that is a painful subject for the mother. - Parents' perception of their performances in childbirth affects their sense of self-esteem. - Parents often feel a sense of "failure" in childbirth because of the risk status of the infant. - Parents feel that they "missed out" on the last part of pregnancy, time for baby showers, childbirth classes, etc. - Parents may over-generalize, with the result that the unpleasantness of having their child hospitalized negatively colors their view of people and events. Parents may be angry at their doctors, hospital, spouses, friends, etc. impression of their doctors, etc.
"I had expected a rosy, chubby-cheeked baby. Instead he was wrinkled, frail and sickly." "After my first baby I had such a high because I was so happy; after this baby I was just too scared." "I could only make myself stay for 5 minutes the first time I visited Tina in NICU." "It was really hard to breastfeed Daryl in the nursery because I felt like I was 'on display' to everyone. What would they think of how I fed him?"	Professionals may help parents work through the grieving process by: - Giving parents permission to express their feelings of loss and grief. - Helping parents to admit rather than deny negative feelings of shock, dismay, disappointment. - Reassuring parents that it is common to feel overwhelmed, scared, or afraid of equipment and infants in the intensive care nursery.

ISSUE	APPRAISAL
b. Parents' concern about health and developmental outcome of hospitalized infant.	
(1) Fear the infant will die.	Is the amount of worry expressed by the parents appropriate to the seriousness of Baby's condition? Ask: "Was there ever a time when you thought your baby wouldn't live?" "Do you still feel that way?" "Did your spouse/relatives/friends express doubt that the baby would live?"
(2) Fear the infant is in pain/ remembers pain from hospital procedures.	To what extent does the parent worry or dwell on the infant feeling or remembering pain from hospital procedures or intensive care nursery? Observe: Does the parent spontaneously and repeatedly make statements regarding the infant's pain and suffering? Note to Professionals: Spontaneous verbalization of this fear may occur in your presence due to your functioning as someone to whom the parent may voice these concerns. However, if the parent continues to dwell on this theme during subsequent visits, consultation with a mental health professional may be recommended.
(3) Parent concerns about bonding, building the parent-child relationship.	Is the parent fearful that he/she won't be emotionally close to the child due to separation at birth? Ask: "Do you feel like Baby is really 'yours' yet? When did that happen?" "How long was it before you got to see Baby? Hold Baby?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I was afraid to leave the hospital because I thought Tommy might die and I wouldn't be with him!"	Give permission for parent to feel doubt that infant will live. Concern that the infant will die is common when hospitalization occurs.
"I know with all the people praying for Jessica that God would not let her die."	This concern may reappear if Baby is hospitalized again, or during subsequent checkups, even well child checkups.
"I just tried to take one day at a time and know Jeremy was getting the best of care."	Reassure parents it is normal to feel concerned. Praise parents for their ability to handle stressful situations. Focus on infant's strengths and abilities as seen in assessments.
"I'm so glad Todd's home because it must have hurt to have all those tubes and wires in him."	Inform the parent that this is a common worry, and these fears may persist or reappear until the child is several years old.
"I have to turn on the lights and radio to get Stella to sleep because that's what she was used to in the hospital."	Help parents cope with fears by: - Reassuring parents that these are common worries, but no one knows what the effects are in later life. - Emphasizing to the parent what she can do <u>now</u> to comfort and protect the infant.
"I still feel cheated. I missed out on the chance to get to know Ashley right after she was born."	Listen to parents' feelings.
"My husband seems to know Kara better. He was able to visit her during that first week when I couldn't get out of bed."	Parents who have read about "bonding" are more likely to express this concern, although many parents regret missing early closeness. Inform parents that early research on bonding was done when parents were prohibited in nurseries.
"I still have trouble feeding Brad. I think it was because I didn't get to feed him for so long when he was in NICU."	Reassure parents bonding is a long-term process, not a one-time opportunity. Trust that attachment will grow. Some mothers may feel guilty or left out because of their unwillingness or inability to visit the infant in the nursery.

ISSUE	APPRAISAL
c. Parent concerns about competence	
(1) Parent concerns about the hospital to home transition; loss of support staff at hospital.	Does the parent express anxiety over the loss of trained professional care or their lack of training to care for this infant? Ask: "Have you called the hospital since you've been home to ask the staff about caring for your baby? (when, why?)" "How does it feel to be caring for your baby by yourselves now?"
(2) Parents realize the importance of understanding the infant's cues.	How aware is the parent that learning how to read Baby's cues and responding to them is an important part of parenting? Ask: "How do you decide what Baby needs or wants from you?" "When you play with Baby, how do you know when she's tired or had enough play?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I'm not a nurse. I can't give him 24-hour care."	Frequently, parents of high risk infants question their competence as caregivers. Help parents to understand that it may not be their actual ability but their feelings of competence affected by: - Exposure to models of caregiving who were health care professionals rather than friends or family. - A continued sense of "failure" at having produced a high-risk infant. - An exaggeration of anxieties experienced by all parents. - A natural response when the child was sick that the parent has not worked through yet.
"I can never stop worrying. I keep wondering if Tyrone is breathing."	
"All I do is feed Julia. Did it take this long in the hospital?"	
"Even when Sumi does have a good night sleeping, I wake up to see if she's okay. I worry because I don't have a monitor like when she was in the hospital."	Reassure parents that their competence grows as they get to know Baby better. Praise parents frequently for appropriate caregiving actions.
"Mallora is not good at telling me what she wants. I can't wait for her to talk so I can understand her better."	Reassure parents that reading Baby's cues is not always easy or "instinctive," but is part of what must be learned as a parent. Give praise for any attempts or statements that indicate parent takes responsibility for reading cues. Explain to parents that: - Baby's behavior can help parents understand what Baby needs, but now at this age, much of the understanding depends on the parents' effort. - Learning Baby's cues is most difficult when first getting to know Baby. - Reading Baby's cues gets easier with practice. - Responding to Baby's cues now will encourage Baby to give more cues and clearer cues in the future.
"I know Gina needs something when she grunts and fusses, but I can't figure out what it is."	
"In the hospital, I never knew what bothered Gordon. Since he has come home I feel like I really know what he wants when he cries."	
"I really try to figure out what Eddie wants when he cries. I think it will make us both happier."	

ISSUE	APPRAISAL

d. Parent-child interaction: Parents' expectations and reactions to baby's changing behavior

(1)Skills emerging at this time:

- Participating in face-to-face interaction.
- Increasing ability to control movements.
- Increasing ability to remain in awake states without crying.

Are the parent and infant able to establish a smooth cycle of exchange in face-to-face interaction?

Ask: "How do you know when Baby wants you to talk or play with her?"

"Do you play any simple games with Baby? Can you show me?"

Observe:

When the infant gives cues for engagement, does the parent respond by looking, talking to, or touching the infant?

Do the parent and infant engage in turn-taking behaviors? For example, parent smiles, baby smiles, baby watches, parent talks, baby purses lips, etc.? NOTE: An important feature is the parent stopping or waiting to allow the infant to respond.

Does the parent recognize and respect the infant's disengagement or time-out signals?

LISTEN	INFORMATION AND SUGGESTED ACTION

"Sometimes I'll be talking to Sam and I look closer and see he's asleep!"

"Sarah's eyes get so big when she sees me. Then I know she's ready to play."

"Tiffany and I understand each other just fine. When she looks at me I know she's ready to go, and when she's tired, she stares out into space."

"Vana and I play this game where I talk and then she makes a face. Then I stick out my tongue and then she sticks out hers!"

"You do a good job of taking turns with Jason when you talk. You give him a chance to breathe or frown or wave his hand as his part of the conversation."

Encourage parents to observe as many behaviors as possible that infants use to signal engagement and disengagement.

Give parents praise specifically for responding sensitively to the infant by noting their actions, such as:
- "Tom loves it when you talk to him in that soft, sweet voice. You know he's trying to get your attention when he looks at you."

Model for parents the give-and-take of interactions with the infant, demonstrating varying tempos and noting aloud the infant's reaction: e.g.,
- "Hi...you like to look at me...don't you?....You like it when I talk slow..."
- "Now let's get going! Let's talk fast. You're already looking away because I didn't give you time to answer."

ISSUE	APPRAISAL
d. Parent-child interaction: Parents' expectations and reactions to baby's changing behavior. (cont'd)	
(2)Special concerns of high-risk infants: - weight gain	Is the parent able to identify skills and abilities of the infant other than focus on size or weight? Ask: "How has Baby changed since she's been home?" "How much weight has Baby gained?" "How much or how often is Baby crying?" "How does Baby react to noises, lights, your voice, your holding, etc.?"
- crying	Is the parent responsive to the infant's crying? Is the parent concerned about the infant's crying? Ask: "How does it make you feel when Baby cries?" "How much or how often is Baby crying?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Jaima was only 1 pound, 12 ounces when she was born, but she's a big girl now at 7 pounds."	Weight gain is important to parents for several reasons: - It was a concrete sign of progress in the hospital. - Reaching a specified weight may have been a condition for the infant's hospital discharge. - It helps make the infant seem more "normal," or like a full-term. - Parents feel "proud" because it can be taken as evidence as their caregiving.
"I used to worry about weighing Aldo every day to see how much weight he's gained but now I know he's healthy."	
"Terence sleeps for most of the day, but when he's awake he is very alert and seemingly inquisitive."	Help parents to see that the infant's development includes abilities, not just weight gain. Use demonstrations to illustrate Baby's abilities and strengths. Demonstration is important for two reasons: 1) parents see behavior for themselves rather than hearing a description; 2) the learning is personalized and meaningful with <u>their</u> child. Emphasize that development and change occur in many small steps and in many areas (motor, cognitive, etc.)
"I feel bad when Casey cries, but it makes her seem more like a normal baby!"	Parents of prematures and high risk infants often have mixed feelings when hearing the infant cry. They may feel glad to hear crying because they remember a time when the infant was too sick or too weak to cry.
"All Uri does is cry all day long!"	Premies may be easily overstimulated, resulting in frequent crying.

ISSUE	APPRAISAL
d. Parent-child interaction: Parents' expectations and reactions to baby's changing behavior. (cont'd)	
Special concerns of high-risk infants: (cont'd)	
- overstimulation	Is the parent able to match their level of stimulation to the child's ability to handle it? Does the parent recognize the signs of overstimulation and reduce his/her activity correspondingly? Ask: "How does Baby react to noises, lights, your voice, your holding, etc?" "How much is Baby crying?"

LISTEN	INFORMATION AND SUGGESTED ACTION

"When Missy opens her eyes, I talk to her. If she looks away, then I get closer and talk some more and pick her up so she'll look at me. But after a quick glance at me, she starts to yawn or suck her lips like she's off in her own world."

"I really like talking to Joel. But sometimes I get so excited and start talking fast or laughing loudly and he covers his face with his hands and closes his eyes. Then I have to remember not to be so loud or noisy."

"When Michael gets excited, his face gets red and his arms flail around. That's when I know to hold him close and let him quiet down."

"Every time Melissa hears someone sneeze or the blender run she cries as if she got hurt."

"I love to hold Marty and rock and sing to him like I did with my sister's baby. But Marty cries and stiffens up."

Explain the stimulation/overload cycle that occurs easily for premies:

a) Premies are not as responsive to stimulation as full term infants are.
b) Parents want to get a reaction, so they provide stimulation (face-to-face contact, talking) but don't get an alert response.
c) Parents then increase stimulation (talk louder, faster; add movement, get closer).
d) Babies come to an alert state, but then quickly experience overload due to immaturity of the nervous system and may withdraw or cry.

Help parents to notice subtle cues that the infant needs a brief rest from stimulation and model/encourage reducing stimulation <u>before</u> the infant overloads.

Explain that some infants are "hypersensitive". Model and encourage parents to observe what kinds of specific stimuli Baby reacts to: e.g., noises, bright lights, holding too close, tight clothes, etc.

Suggest that parents offer stimulation in <u>only</u> one modality: first, e.g., holding the infant. If tolerated, slowly add other modalities only <u>one</u> at a time, e.g., eye-contact, then speaking, etc.

Reassure parents that premies grow increasingly able to handle stimulation as they develop and will "grow out of" overloading so easily.

ISSUE	APPRAISAL
e. Postpartum/postnursery depression	Is the mother experiencing tearfulness, depression, mood swings, inability to concentrate? Ask: "Did you have the 'blues' after the baby was born?" "Have you had the 'blues' since the baby has been home?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I feel like I'm on a roller coaster all the time. One minute I'm happy and the next I'm crying."	Mothers may feel puzzled that they feel depressed because they assumed that having the infant at home would make them happy. It is common for parents to feel "the blues" or a let-down after the infant is discharged from the hospital. Help parents to relate this to the pressures of caring for the infant.
"I'd feel better if I could get out of the house but the doctor said not to take the baby out for a while." "It seems like all I do revolves around when the baby eats and sleeps."	Encourage mothers to take time to care for their own needs. Suggest that mother have a supportive friend, neighbor, or relative visit with her and/or if mother feels she can't leave baby with sitter, ask friend to stay to watch baby while mother takes a long bath, walk, etc.

ISSUE	APPRAISAL
2. The Parent as Part of a Larger System, Family, and Community.	
a. Couple concerns	
(1) Nurturing each other as parents and people.	Do the parents support each other in their roles as parents? Are they critical of one another's caregiving ability or style? Ask: "How does your husband/boyfriend take care of the baby?" "Do you and Baby's father agree on how to care for the baby?" "How do you and your partner make decisions about who cares for the baby or does household chores?"
(2) Sexual relations and contraception.	Is a difference in sexual needs creating a conflict? Ask: "Are you using any contraception?" "Was this an effective method for you before the birth of this baby?" "Have you thought of having another child?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"My boyfriend doesn't know anything about babies. He can't even give her a bottle. All he does is make funny faces at her."	Encourage parents to be patient with themselves and with each other in learning the parent role. Emphasize parenting is not instinctive but needs to be learned and how they can help each other learn. Fathers and mothers have different and equal contributions to make.
"When I'm worried I want to talk to my mother or call the doctor, but Roger just sits and broods. I can't tell if he even cares."	Full-term babies or babies not at risk also create change in couple relationships (marriages); everyone has to make major adjustments. Help parents understand:
"John always expects me to keep a perfect house and I can't do it with a sick baby."	- This adjustment process is intensified for families of high-risk infants. - Problems which existed in a relationship before the child's birth are likely to reoccur and/or be exaggerated. - Individuals react to stress in different ways and sharing feelings with each other is essential. Encourage parents to plan a quiet time without distractions to talk.
"Every time Anita wakes up at night, my husband says we must have brought her home from the hospital too soon."	
"John doesn't understand that I'm just not interested in sex right now."	Woman's lack of interest in sex is normal because of fatigue and hormonal changes. Preoccupation with a sick child may decrease interest in sex.
"It's so hard to find a time when we both are interested, available, and the baby's asleep!"	Emphasize to the family the importance of using contraception; mothers need to allow their bodies time to recover;
"That baby never sleeps long enough for us to have any time together at all!"	Discuss spacing of children. Mothers of high-risk infants will sometimes require bed rest during pregnancy. This is difficult to do if she has a child under 2 years of age.

ISSUE	APPRAISAL
b. Siblings	
Family unity during hospitalization and homecoming of infant.	Is the family an integrated system with each child receiving some care from both parents? Does the mother focus her attention on the new baby to the extent that siblings receive minimal care/attention? Ask: "Did your older child have any problems adjusting when you brought the baby home?" "How do you manage to meet both children's needs now that you are home?"
3. Support System	
a. Friends and Relatives	Does the family have a supportive network of relatives and friends who help with child care, errands, and emotional support? Ask: "Is there anyone nearby who can watch the children for you if needed?" "Have your parents (friends) been sympathetic while the baby has been sick or do they think you worry too much?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Jason is really my baby and someone else takes care of Charles right now."	Children need both a mother and a father and parents must make time to spend with each child every day.
"Julie has had such a good time at her grandparents that she doesn't want to come home. She's been spoiled."	Help parent recognize that hospitalization of infant was a major disruption in sibling's life; try to establish a routine similar to one before Baby was born.
"Adam has really learned to fend for himself because Kym takes all my time."	Help parent identify and establish consistent patterns during the day to help siblings adjust.
	Siblings feel any stress in the family; they need physical cuddling and emotional tenderness from both parents.
"Dara always wants me to play as soon as I sit down to feed the baby."	Suggest having a box of "special" toys (not necessarily new) for the sibling that are only for playing with during feeding time for Baby.
	Suggest that parents can ask sibling to "give my knee a hug" or sing a song while parent is holding Baby and Sibling wants to be held, too.
	Give Sibling a doll to feed/diaper when parents attend Baby.
"My neighbor has been wonderful. She has kept Kate for me whenever I've needed it."	Frequently, the initial reaction of friends and relatives is to protect the parents, rather than concern for the baby.
"My parents came and helped cook the meals but don't understand how sick Tyler was. They never saw him when he was so sick."	Encourage parents to think of specific tasks that friends and families can do when they ask: "Is there anything I can do?" Possibilities: pick up grocery items, go to the post office, etc. Help parents identify people nearby who could provide support.
	Check available resources for parent support groups, respite care, etc.

POSTHOSPITAL ISSUES FOR PRETERM AND HIGH-RISK INFANTS
II. FAMILY ISSUES
ISSUES FOR PARENTS
3. Support System (cont'd)
4. Expenses

ISSUE	APPRAISAL
3. Support System (cont'd)	
b. Physicians and Other Professionals	Does the parent feel satisfied with the physician's communication about the child and responsiveness to the parent's concerns? Ask: "Do you feel the pediatrician/therapist understands what your concerns are?"
4. Expenses	Has the family identified resources for managing their medical bills? Ask: "Have the hospital bills started coming in yet?" "Have you contacted your insurance agency?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I just found out that Tanya has a heart murmur and my doctor knew for 2 months. I have a right to know everything about my child's health." "The doctor said just to take Zack home and treat him like any other baby. But he's special."	Suggest that parents tell their health providers about their concerns and needs. Recommend to parents that they write down their questions before going for the appointment. Help parents identify other means of obtaining information in addition to child's appointments; e.g., phone consultations, written materials, etc.
"When I saw the amount of the hospital bill, I felt it was more than I would make in a lifetime." "I don't know what to do. I'll never be able to pay for all this. I just put them in a drawer." "Every time the baby goes to sleep I take out all the bills and try to sort through them."	This is a major stress for parents and usually they are quite willing to discuss it if given an opportunity. Help the parents explore options: - Contacting their insurance agencies. - Encourage parents to question bills that seem in error; mistakes can and do occur. - Check with the hospital social worker about other agencies, e.g., WIC, Medicaid, Crippled Childrens'. Sometimes the amount of the bill is so great it qualifies parents for services for which they would not otherwise be eligible. - Check with the Public Health Department for information about resources and services. - Many states have a "Careline" telephone service or other central clearinghouse which can help locate appropriate state or local agencies. - Encourage parents to contact hospital and other creditors to work out payment plans. Most creditors will accept even small monthly payments if they have been informed. - Consult with the IRS concerning medical deductions on income taxes.

CHAPTER 4

HOW TO USE THE REST OF THIS MANUAL

While each of these chapters may be used independently, there are common features to note.

First of all, it is expected that professionals are familiar with the information in Chapters 1, 2, and 3. The philosophy and distinctive characteristics of First Years Together sessions are contained in Chapter 2. Chapter 3 describes issues for parents that resurface as the infant grows older; in order to help parents resolve these issues it is necessary for professionals to understand their history and development. Even if professionals are beginning a relationship with a family whose infant is no longer a newborn, it is important to appraise how well the family has resolved these issues.

Age of Infant

Chapters 4-7 are organized in three-month intervals based on the infant's age adjusted for prematurity.

Organization of Chapters

Part I: Infant Development contains material about normal sequences of skills and abilities. It contains assessment items and activities grouped by topics, i.e., gross motor, fine motor, cognitive, language, and social abilities.

Part II: Emotional Milestones explains the infant's emotional growth. It is also useful for evaluating and facilitating infant-parent interactions.

Part III: Family Issues describes common concerns of families of premature and high-risk infants. Suggested ways for the professional to appraise and respond to the situation are given.

Premie Notes

The section on infant development also contains blocks labeled "Premie Notes." These blocks provide information on special characteristics of premature or high-risk infants (e.g., a tendency toward arching the back) or on particular risk factors (e.g., visual impairment due to oxygen therapy).

Using the Tables

Part I. Infant Development.

Column 1: Behavior sequence.

This information can be used to help the parent see development as a process, rather than as an all-or-none event. The professional involved in any behavior, pointing out what the child has already accomplished and what the child will be doing next. This corresponds with the "Soon I will be..." portion of the Developmental Plan.

Column 2: Assessment/demonstration.

This section may be used to help parents focus on specific aspects of behavior, to help identify a child's strengths, to monitor for weaknesses, and to explain to parents the significance of a child's behavior. It corresponds to the "My strengths are..." portion of the Developmental Plan.

The column refers to items from the Bayley Scales of Infant Development (BSID) and Denver Developmental Screening Test (DDST). Professionals are required to be proficient in administering these scales. The manual does not provide training in administering the scales; instead, the emphasis is on how to use assessments or activities as interventions.

The items are arranged topically as gross motor, fine motor, cognitive, language, and social abilities, with subtopics as necessary. Items are grouped for ease in communicating concepts of development and demonstrating the infant's skills to parents. Within subtopics, items are arranged sequentially, according to the average age infants acquire the skill.

A sample entry is found in Box 1. The first number (2.8) refers to the age in months at which 50% of infants pass the item, with the typical age range found in parentheses directly underneath.

Box 1. Sample item from the Bayley Scales.

2.8 M36 Simple play with rattle
(2-5) Explanation: Baby is enjoying...

The number M36 refers to the Bayley Mental scale, item number 36. Items from the Bayley Psychomotor scale are indicated by the letter P and the item number. The explanation emphasizes how the infant acquires the skill and why it is important in development.

Items from the Denver Developmental Screening Test are interspersed with the Bayley items and are shaded in light gray for quick reference in the tables. A sample item is found in Box 2. Again, the first number refers to the age in months at which 50% of infants pass the item, with the age range found directly underneath in parentheses.

Box 2. Sample item from the Denver (DDST)

2.2 GM3 Stomach (Sto) head up 90 degrees
(1-4) Explanation: See how Baby...

The number GM3 indicates that this is the third item found in the Gross Motor sector of the test, as described in Chapters 5 and 6 of the DDST manual. Similarly, PS is used to indicate the Personal-Social sector, L to indicate the Language sector, and FMA to indicate the Fine Motor-Adaptive sector whose items are included in both the fine motor and cognitive categories.

Since the DDST is a screening instrument rather than a complete evaluation, it contains fewer items than the Bayley scales. In order to make the greatest use possible of the items, some items are placed in two categories. For example, PS6 Plays Peek-a-Boo appears under both the Cognitive and Social categories.

Column 3: Praise for parents.

Contained in this section are examples of ways to praise parents for specific aspects of caregiving. Praising parents for their behaviors helps to build the parents' confidence and the parent-professional partnership (see Chapter 2). Praise may be used to reinforce parents for good parenting practices that are already being used and also serves to educate parents about how their actions influence their child's development. This section corresponds to the "Thank you for..." portion of the Developmental Plan.

Column 4: Encouragement of development.

Suggestions are listed for activities to promote development in specific areas or to remediate weaknesses observed in the child. The activities may also be used with the explanations given under Column 2 (Assessment) to help explain the importance of the behavior to parents.

Activities were chosen on the basis of their being easy and fun for parent and child and using materials readily available in the home. Professionals should model the activities for the parent and emphasize that parents should allow the child to set the pace. This section corresponds to the "How you help me..." portion of the Developmental Plan.

Part II. Emotional Milestones.

This part of the chapter is organized around Greenspan's (1985) theory of emotional development as presented in the book First Feelings. One goal of the First Years Together model is to facilitate parent-child interaction not only by acquainting parents with the infant's physical and mental capabilities but also by helping to identify and explain the infant's emotional growth.

While Part I on infant development focuses on what the infant's abilities are, this part focuses more on what the infant's preferences are. For example, although the infant can attend to a toy by looking, listening and

touching it, the baby may prefer to look at it most of all. Identifying the infant's characteristic style or approach to people and objects can help parents learn to be sensitive to their child's unique needs.

The four columns in this part are the same as those in Part I Infant development): Behavior sequence, Assessment, Praise for parents, and Encouragement.

Part III. Family Issues.

The First Years Together program believes that the needs of infants cannot be met unless the needs of the parents are also addressed. When an infant is born, the entire family must adjust to new roles and responsibilities. Parents may be unwilling or unable to provide care or nurturance for their infant if their own needs are not met. This section describes the issues which frequently concern families and suggests way for the professional to appraise and respond to the situation. Professionals are not expected to handle all of the problems that families encounter. This section can help professionals identify needs and refer the family to appropriate resources.

Column 1: Issue.

This column identifies concerns which are common to many parents after the birth of a high-risk or premature infant. Individuals vary in how important a particular issue is for them and in how long it may take to resolve that issue.

Although the specifics vary with the age of the infant, the general topics are consistent throughout the manual. First, the individual parent's feelings are considered, including: emotional reaction to having a high-risk infant, concerns about health or development, fear about being competent to care for a high-risk infant, and expectations of and reactions to the infant's changing behaviors. Secondly, the parent's concern as part of a family are considered, including couple concerns and sibling issues.

Column 2: Appraisal.

Professionals are asked to evaluate the parent's adjustment in dealing with the issue. Suggestions for ways of obtaining information are given in the form of open ended questions and observations of the parent's spontaneous comments. Frequently, the same questions are asked at different intervals, but the responses given by the parents are different. Some questions may be used at each visit, with responses varying according to the concerns the parent may have. Asking about the infant's sleeping pattern and eating habits are general questions that easily lead into discussion of many topics.

Column 3: Listen.

This column contains examples of statements that parents frequently make either spontaneously or in response to the questions. These comments are usually signs that the parent has some concern about the issue. Sometimes, the parent is simply concerned because they believe parents of healthy full-term infants may not have

similar fears and feelings. While many of these issues are common among all parents of infants, parents of high-risk infants experience them with greater intensity.

Column 4: Information and suggested action.

Specific guidelines for the professional are listed in this column. Information regarding the issue and suggestions or actions are given that the professional may apply to the parents and their specific situation. Professionals need to acquire a knowledge of the community resources and professionals in their area for referrals as needed.

CHAPTER 5

0 - 3 MONTHS

For parents whose newborn was full-term, the first three months are a time when they begin to be aware of the infant's abilities to move, think, communicate, and show his or her personality. Although their infant was not sick or premature, their awareness and sensitivity to the infant may be enhanced by the same approach used with high-risk infants -- an acquaintance process where parents and professionals mutually observe the baby. Because of the rapid changes that occur in the first month, the professional may wish to add some of the demonstrations from the preceding chapter to help parents become acquainted with their infant's skills and temperament.

Parents whose infant was premature have had some opportunity to observe the baby's development for several weeks already. They may have heard about the importance of viewing their child's development according to "corrected age" or "age adjusted for prematurity," but may still have a habit of thinking about the baby based on chronological age. For example, a baby born at 28 weeks of gestation in January is chronologically 4 months old in April, but is only one month old when corrected for prematurity! It is important to remind parents of preterms to use the child's adjusted age.

For all parents, this is a time of integrating the infant into the family. While for parents of full terms, the feeling that the baby is "really mine" usually comes quickly and is not a major issue, parents of preterms may struggle for weeks or months with the feeling. These parents may feel that the infant "belongs" to the hospital or medical staff more than to their own family because of a lengthy hospital stay. Their feelings of competence, concerns about health and development, and expectations of behavior are all affected.

HOW TO USE THIS CHAPTER

Professionals should be certain to read Chapter 4, "How to Use the Rest of this Manual."

It is important to remember that all aspects of development are related and integrated, just as the infant is integrated into the family. For the sake of talking with parents, items are grouped into categories of gross motor, fine motor, cognitive, language and social skills. But each skill both affects and is affected by other skills. For example, the infant who lacks good control over her movements (a motor skill) will be less able to maintain visual attention (a cognitive skill). Her inability to attend visually will affect her recognition of her mother (a social skill). Even though the chapter is divided into sections and further subdivided into items or issues for convenience in using the manual, the professional must integrate the topics for the family and apply them to the specific situation.

Section I. Infant development.

Professionals can help parents understand the basic concepts of gross motor, fine motor, cognitive, language, and social development which are used at all ages. While parents readily observe gross motor skills, the professional can help parents be more sensitive to other areas of development as well. The professional may also describe basic patterns of development and the major changes that occur in this period.

Gross motor. This area of development refers to control of the large muscles of the trunk, arms, and legs. Assessment includes looking at posture, muscle tone, and movements. It is important to check if the infant uses both sides of the body equally because lack of oxygen during birth or intercranial hemorrhage can cause damage to parts of the brain that control movements, and may sometimes affect only one side of the body.

Professionals may point out patterns that are easily observable during this time and which will continue throughout development. One pattern observed is the increasing control over movement, with the infant's movements becoming smoother and less jerky. Another is the cephalocaudal trend, or pattern of developing from head-to-toe, evident in the infant's growing control of the muscles supporting the head and neck. These developments result in the infant's increasing ability to free the head to look around and observe the environment.

Fine motor. This refers to the ability to use the small muscles in the body, primarily in the fingers and hands, but may include the small muscles of eyes, lips, mouth, and tongue.

Professionals can explain the "proximodistal" pattern of development to parents, where control over muscles progresses from the middle of the body outwards to the finger tips. Notable in this period is the ability of the infant to bring his arms forward so that his hands meet in the middle of the body. While the infant's hands are first clenched in fists, increasing control of them results in opening them for longer periods of time as a prelude to reaching.

Cognitive. Cognitive development includes attention, perceptual, memory, and problem solving skills. During this period, the infant gains increasing control over the alert state in order to look and listen to events in the world. The infant may repeat simple actions in preparation for applying these actions to the world in the 3-6 month interval.

It is important that the infant be in a quiet alert state in order to check for visual responses. Some premies may need to be swaddled or given a pacifier to suck in order to gain control over physiological state and motor movements. For other premies, introducing a visual stimulus may lead to "overload," so the professional must reduce other stimulation by not talking and by allowing the infant to rest on the bed rather than being held in the arms or lap. (See Chapter 3.)

The DDST combines fine motor skills and adaptive skills in the same sector. "Adaptive" skills are interpreted as and included in the category of cognitive skills in this manual.

Language. Language refers both to understanding as well as using language to speak. Professionals can help parents become aware of the different types of cries and sounds that the infant uses to communicate without crying. With respect to the understanding of language, professionals may emphasize the infant's need to hear the sounds of speech before the infant will be able to speak.

In addition to hearing and vocalizing, an important aspect of communication is learning to take turns. Some premies may still be easily overstimulated or slow to respond, and professionals can help parents slow their pace to match the rhythm of the infant.

Social. This refers to the growth of relationships between the infant and others. Professionals can point out the continuing impact of the infant's state on parent-child interaction and the increasing availability of the infant for interaction as the child maintains an alert state for longer periods of time. Also noteworthy is the infant's increasing responsiveness to the parent's face and actions, resulting in greater attentiveness to people and consolability.

Premies are less consolable than full term infants, and professionals can help parents identify the characteristics that make these babies more irritable (poor state control, overstimulation, etc.). Further detail is provided in the section on emotional milestones.

Section II. Emotional milestones.

This section can help the professionals integrate the observations on mental and motor development and apply them to the parent's interaction with the child. The major focus of this period is the infant's developing ability to regulate self and increasing interest in the world.

Attention is also given to recognizing the infant's unique characteristics or style of behavior. Identifying the tendency for baby to use a particular sense or to be especially sensitive to stimulation in a particular modality can facilitate parent-child interaction by helping parents use this information in their caregiving and play.

Section III: Family issues.

Once the family passes the hospital to home transition, they are faced with the task of integrating the infant into the family unit. Parents begin to resolve their feelings of competition with the hospital staff and begin to feel that the infant is really a part of the family. Parents are concerned about the possibility of illness and rehospitalization.

Whereas parents may have been overwhelmed by feelings of helplessness or inadequacy in the preceding period, they now react with enthusiasm for the caregiving role. The infant's growing alertness contributes to their desire to interact with and care for the infant. This may result in overstimulation of the infant, overprotectiveness, or an unwillingness to leave the infant in the care of others. Parents may "compete" with each other for the infant's attention and ways to interact with the child, or one parent may withdraw completely. Siblings also must adjust to the presence of the infant in the family and may try to "compete" with the infant for the attention of the parents.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

1. Head, Neck, and Trunk Control

a. When held in an upright position

- The infant progresses from briefly lifting the head to holding it steadily upright.
- The infant can first lift the head only with jerky movements; then moves the head more smoothly and holds it steadily without bobbing.
- Infant needs support all along head, neck, and back.
- Infant holds up the head while sitting.

0.1 P1 Lifts head when held at shoulder
Explanation: Look at Baby lift his head off my shoulder. Baby can control his head and neck muscles in order to lift his head, although he is not yet strong enough to hold it up.

0.1 P2 Postural adjustment when held at shoulder
Explanation: When someone picks up Baby and holds her, you can feel her shift her position. She is already moving in order to help balance herself in an upright position, which she'll need later for sitting and walking.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"Adam likes being held on your shoulder. He's beginning to lift his head to check out his world. You're a good mom to help support his back and neck."	Support baby at the shoulders with your hand. When he lifts his head from your shoulder, your hand will keep his head from toppling backward. This support will give him a sense of security and he will practice lifting his head more frequently.
"When you carry Marvene in the chest carrier (front pack) you are giving her practice in holding her head upright."	Baby is quite aware of whether she is lying down or upright. Often, when Baby is crying, if you pick her up and hold her at your shoulder, she will stop crying and open her eyes and look around. It's easier for her to be awake when she is upright than when she is lying down.

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0-3 months I. INFANT DEVELOPMENT
A. GROSS MOTOR
1. Head, Neck and Trunk Control
b. While lying on back
c. While lying on stomach

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

b. Head and neck control while lying on back

- Head first flops back completely when infant held supine; then infant holds head in line with the body;
- then gradually can lift head forward and backward.

1.7 P10 Lifts head: dorsal suspension
(1.7-4) Explanation: As I lay Baby down, I'm going to gently slide my hand down her back and see how strong the muscles in the back of her neck are. As she gets stronger, she'll be able to hold her head steady so that it doesn't hang backward, and then she'll be able to hold it up a little bit.

c. Head and neck control while lying on stomach

- Infants can first turn the head from side to side;
- then hold it straight up;
- then can push up with arm support.

0.4 P3 Lateral head movement
Explanation: Look at the way Baby is able to lift her head from the blanket. She is able to free her face and nose from the blanket, or to turn her head from side to side to look for things. Next, Baby will be able to lift her head straight up, and then push up on her arms.

Birth GM1 Stomach (Sto) Lifts head
(0-.7) Explanation: Same as Bayley, P3. Lateral head movements.

Birth GM2 Stomach (Sto) head up 45°
(0-3) Explanation: Baby can lift her head higher than she needs to in order to clear her face from the blanket, but she still looks downward. Soon, she will lift her face high enough to look straight ahead. She is starting to use the muscles in her back and shoulders along with her neck.

2.2 GM3 Stomach (Sto) head up 90°
(1-4) Explanation: See how Baby is able to lift her head up high enough to look straight ahead? Her neck and back muscles are strong enough to shift her weight backward and lift her head. Notice how her elbows are bent, and her forearms rest flat on the floor. Next she'll start using her arms for support.

(cont'd)

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are helping Kelly learn to lift her head when you prop her in the infant seat. It helps her muscles get stronger."	When Baby is lying in an infant seat, position the seat so that her head is raised. This will encourage her to use her neck and back muscles. Change the level gradually over several weeks so that Baby is using her muscles more to support her head. When you lay Baby down on her back, always support her head. If her head flops back quickly, she may "startle," jerking her arms and legs outward, and cry.
"How smart you are to place Andrew's crib so he can see out the window while lying on his tummy. See how he raises his head when hears the truck go by."	When Baby is lying on her stomach, talk to her. Encourage her to look up to see your face. Lie on the floor with baby on your chest. Talk to her so she will raise her head to see your face.
"You do a nice job of changing the toys Wendy has in front of her. Helping her spend time on her tummy makes her neck and trunk muscles stronger." "Placing Clark on his tummy where he can watch his big sister color is a good idea. It helps keep him happy while his trunk and shoulder muscles are getting stronger."	Place toys on the floor in front of Baby to encourage her to lie on her stomach. At first, use toys that are flat on the floor. As Baby can lift her head higher, you can place taller toys on the floor or propped against the furniture or side of the crib. Use a variety of toys and change them often. Things to try: - a book (you turn the pages). - a non-breakable mirror so she can see herself. - a patchwork quilt with several colors and textures to see and feel. - a music box. - pictures of other babies. - a wind-up toy that moves.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Head, Neck, Trunk Control (cont'd) c. While lying on stomach	2.1 P12 Elevates self by arms: prone (.7-5) Explanation: Baby is able to push up and support herself on her arms. She's not only getting stronger neck and back muscles, but stronger shoulders and arms, too. This will help her be able to get up on her hands and knees, and then crawl. 3.0 GM4 Stomach (Sto) chest up, arm support (2-5) Explanation: Same as Bayley P12; elevates self by arms, prone. * * * \

PRAISE FOR PARENTS	ENCOURAGEMENT
"What a good idea! Making Midori's frog hop up and down while she watches in a good way to encourage her to push up."	When you place Baby lying on her stomach, position a rolled-up towel under her chest and armpits. This will help her learn to lift her head and help her support her weight on her arms. Place Baby on her stomach on the floor. Use a toy to catch her attention, then slowly lift the toy upward to encourage Baby to raise her head and push up on her arms. Be careful Baby doesn't get too tired!
You are really working hard helping to help Darra learn to enjoy being on his stomach. I know he doesn't like it and this has been extra work for you."	Continue to encourage mentioned activities. A baby who simply refuses to lie on his stomach may need to be placed in side-lying position first, then gradually moved to stomach position. Use whatever sense (sight, sound, touch, etc.) Baby prefers to encourage him to stay on his stomach.
"Brenda is beginning to tolerate lying on her stomach now. She is happy you are so patient to lay in front of her and talk to her." "Carlos really likes to move his arms and legs when you take his clothes off. You're a good mom to give him the freedom to kick and stretch."	Find Baby plenty of opportunities to lie on her stomach. A pallet on the floor and an adult lying beside her may encourage a baby that does not like to lie on her stomach to stay in that position, without fussing. Hold Baby so that her arms are free to move about. Place Baby on your lap, facing you, as you talk and sing to her. She may wave her arms. A jingle bell secured to a piece of elastic and placed around her arm may be used to attract her attention to her movements. Give Baby some time each day when she is free of blankets, restraining clothes, etc. This will allow her to move her legs and arms freely. Play this game with Baby. Place Baby on her back and remove diaper. With her legs bent at the knees, move them toward her abdomen. Holding her lower legs, roll her from side to side trying to keep her shoulders flat. This helps stretch and loosen the muscles in her torso, hips, and legs. It helps her learn to twist at the waist. We call this game "Disco Duck" or "the twist."

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Moving and Changing Positions (cont'd)

2.8 GM6 Rolls Over
(2-5) Explanation: Look how Baby can roll all the way from stomach to back! (or back to stomach) by kicking his feet and waving his arms. Baby has learned how to lean and shift her weight onto one side of her body, and then to keep moving until she rolls over. She likes to roll over because it gives her a different way to look at the world.

Most babies (not all) learn to roll from stomach to back before back to stomach.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"What a nice exercise roll you made for Elizabeth! It helps her enjoy lying on her side."	Baby should regularly be placed in side lying position. A towel roll can be placed against her back to support this position. A toy in hand helps baby keep her hands together while maintaining this position. When Baby is comfortable with lying on her side, remove towel and Baby can turn herself onto her back. A toy may be used to attract her attention and as she follows the toy with her eyes her body will turn and roll to her back. Baby should learn to roll by moving her head, shoulders, and hips separately. She should learn to roll, leading with one part of her body -- hip followed by shoulder (or shoulder followed by hip). Be sure to encourage Baby to roll both to the left and the right.
"You are helping Webster learn to turn from side to side when you dance 'the twist' with him."	To promote trunk rotation, place Baby on his back and, bending the legs at the knees, bring Baby's knees toward his chest. Gently turn hips and knees from one side to the other. In other words, play with him, rolling him from side to side with his knees bent. We call this game "Disco Duck" or "the twist."
"Alice likes sitting in your lap. She can watch the world and also begin to strengthen her back muscles. You have a good sense of how much support she needs."	Give Baby various opportunities to practice sitting. Hold her in your lap with some support to her lower back, or place her in the corner of an upholstered chair under close supervision. A toy to hold will help Baby keep her hands at the center of her body, which helps her maintain her balance. Notice that when Baby is tired or sick, her head will start to bob or drop to her chest and you will need to increase your support again.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

B. FINE MOTOR

- The infant first moves arms and legs randomly;
- then the infant brings the hands to the middle of the chest (midline);
- then the infant will control arms and hands to swipe at things.

- The infant first keeps hands in fists or automatically grasps objects;
- then the infant learns to keep the hands open and will learn to close them around objects voluntarily.

0.8 P5 Retains red ring
(.3-3) Explanation: Do you see Baby holding the ring? Baby has a "grasp reflex" which allows him to hold things; that means that he doesn't have to think about it, his hands automatically hold something you place in them. This reflex tells us that Baby's hands, and the part of Baby's brain that controls his hands, are developing normally. This automatic grasp will disappear in a few weeks, so Baby can start learning to hold the toys he wants to hold and let other things go.

2.2 P#6 Hands Together
(1-4) Explanation: Look at Baby bringing his hands together in front of him. Baby will become more interested in his hands and start to play with them, watching them, waving, squeezing, and poking. Then he'll use them to explore toys. Baby first kept his hands in fists, but will keep them open more and more, and then start to reach out for things.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"Yvonne has a nice grip. I can tell that you have given her toys to practice her holding and grasping.	Place a thin-handled rattle or bangle bracelet in the palm of Baby's hand. She will then close her hand around the object. Stroke the back of Baby's hand. This will help her open her hand. As she gets older, she will begin to learn she can control the muscles that open and close her hands.
"You do a nice job holding Aaron so that it is easy for him to get his hands together."	Placing Baby on her side encourages her to bring hands together. A towel rolled up and placed at her back will help Baby maintain this side-lying position.
"Barbara seems to be happier since you wrapped her securely in her blanket. You are so good at comforting her and meeting her needs."	Curve Baby's shoulders forward to help her bring her hands to the middle of her body. Sometimes swaddling a baby with a blanket wrapped across her back -- pulling the corners to her front -- will help keep her shoulders curved. Bottle feeding or nursing may be easier for a premie if her shoulders are curved forward.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

C. COGNITIVE

1. Visual Attention and Eye Coordination

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PRAISE FOR PARENTS	ENCOURAGEMENT

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BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Visual Attention and Eye Coordination (cont'd)	
	0.5 M8 Horizontal eye coordination: red ring (.1-2) Explanation: Look at the way Baby watches the ring when it moves. Now he moves his eyes, soon he will turn his whole head to follow, and eventually, he'll turn his body. This shows he has good visual attention and eye coordination. Baby first follows things moving from side to side, then up and down, then in a circle.
	0.7 M9 Horizontal eye coordination: light (.3-3) Same as above.
	0.8 M12 Vertical eye coordination: light (.5-3) Explanation: Look at Baby follow the ring up and down!
	1.0 M14 Vertical eye coordination: red ring (.5-3) Same as above.
The infant follows moving objects: - in a straight path (horizontal or vertical) before in a circle.	1.1 M16 Circular eye coordination: red ring (.5-3) Explanation: Baby is able to follow the moving ring all the way around a circle. (see above)
	1.2 M15 Circular eye coordination: light (.5-3) Same as above.
The infant follows objects: - first only within his field of vision. - then he continues to follow when objects move out of his field of vision.	1.3 FM3 Follows past midline (0-3) Explanation: Notice how Baby watches the yarn as it moves. He turns his eyes first, and then he'll turn his head, and eventually his body. This shows Baby can coordinate his eyes with the moving yarn.
	1.6 M19 Turns eyes to red ring (.7-4) Explanation: This is a way to check Baby's peripheral or side vision. When I place the ring to the side of Baby's head, he is unable to see it. As the ring gets closer to the middle of Baby's face, he can see it from the "corner of his eye" and turns to look at it.
	1.6 M20 Turns eyes to light (.5-4) Same as above.
	PREMIE NOTE: Infant who have been shunted for hydrocephalus may have difficulties with peripheral vision.
	2.4 FMM Follows 180° (1-4) Explanation: Baby followed the yarn all the way from one side to the other. This requires good visual attention. Baby first follows things moving from side to side, then up and down.

PRAISE FOR PARENTS	ENCOURAGEMENT

"Making the hand puppet dance is a great idea for Cindy. She is trying to follow its movement with her eyes. You are helping her visual coordination."

"When you raise Jeffrey above your head in play, he looks downward to see you. You're helping him learn to follow you with his eyes."

"You were thoughtful to wait until Hassan was wide awake before you wound up his mobile. Now it will be easier for him to follow it with his eyes.

The following activity may encourage baby to visually track objects: Hold the object about 8 inches from baby's face.

- An object that makes a noise may be used to attract baby's attention.
- Use your face to interest Baby to follow object with her eyes.
- Move the object slowly so Baby will not lose sight of object.

Mobiles which slowly spin in a circle can help Baby practice following moving objects.

You can make one by tying small objects to the outside edge of a large coffee can lid. Hang it by a string from the middle of the lid and gently twist it to make it spin.

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BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
2. Visual Attention to other Items	
The infant first watches objects close to her, then reaches out with her eyes to explore objects further away.	1.3 M17 Free inspection of surroundings (.5-3) Explanation: Baby has been looking around the room to see what she can find. This tells us that Baby is mentally alert and curious! Baby enjoys seeing new things and a variety of sights.
The infant reacts to objects close to her eyes, first by blinking and squirming, later by using her arms to push them away.	1.7 M23 Reacts to paper on face (.5-5) Explanation: I'm going to place a sheet of paper on Baby's face so we can watch what happens. Any change in Baby's activity tells us that she notices the change in what she can see and in what she feels. 1.9 M24 Blinks at shadow of hand (1-4) Explanation: See how Baby blinks when I pass my hand over her eyes? This tells us that she can see something coming quickly toward her and blinks her eyes to protect them. Later she may squirm and pull her head away.
Infants first look at large objects, then look at increasingly smaller objects.	2.3 M29 Eyes follow pencil (.7-5) Explanation: Look at Baby's eyes watching the pencil. As she is getting older, she is able to pay attention to smaller and smaller objects. This pencil is much smaller than the red ring, for instance. 2.5 M32T Regards cube (1-5) Explanation: Do you see Baby looking at the block? She has noticed that it isn't part of the table, but it sticks up. This is a first step toward trying to pick up the block; first babies reach with their eyes and then they reach with their hands.
3. Coordination of Vision and Hearing	
Infants first pay most attention to one characteristic of an object, e.g., sight; then they associate two characteristics, e.g., sight and sound.	2.2 M28 Searches with eyes for sound (.7-5) Explanation: Look how Baby searches for the sound with his eyes when I ring the bell (rattle). He is beginning to know that sounds and sights go together and is trying to connect them in his thinking. This is a more complicated form of thinking than just recognizing a sound or a sight. 2.6 M34 Glances from one object to another (1-5) Explanation: See how Baby looks back and forth from the rattle to the bell? He is aware that the two objects make different sounds, and he is connecting the sight and sound of each.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are a thoughtful mom to move Anya's infant seat to face another direction. She enjoys the change of scenery!"	Hold your baby in a variety of positions when you carry him, left shoulder, right shoulder, facing front, facing back. He will be able to see his world with a different view.
"You are helping Lane learn to look at things in her world when you point to them or bring them closer."	Try to spend some time outside, watching the wind stir the leaves, the cars go by, and the contrast in colors.
	Use a variety of shapes, sizes, and colors to encourage baby to follow an object with her eyes. She will gradually be able to track smaller and smaller objects.
"You did a good job choosing pictures of different shapes and sizes to hang on the walls of Austin's room."	Help Baby learn that small objects can be picked up. When Baby looks at an object, pick it up and bring it close for her to examine.
"When you showed Wallace the duck before you squeaked it, you helped him learn that the sight and the sound go together."	Use a bell, rattle or squeak toy to make a noise about 8-10 inches to one side of Baby's face. See if she looks for the noise, and then show her the toy.
"You do a nice job of turning Lacey around to face the person who is talking so she can see that the voice goes with the face."	Hum or sing near Baby, let her "feel" the vibrations you make. Talking and singing while Baby can see you helps her learn that your face and your voice go together.
	Use two toys with different sounds such as a bell, rattle, squeak toy, or music box. Hold one toy in front of Baby and the second toy to the side 6-8 inches from the first toy. Alternate making noise with the different toys; give Baby time to look at the toy before making a noise with the second toy.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

4. Manipulation

Infants like to finger objects in order to explore the touch or feel of them.

- then they begin to associate the two characteristics, the sight and feel.
- the infant begins to notice her actions but doesn't do them to create a result.

2.6 M33 Manipulates red ring
(1-5) Explanation: Watch how Baby is playing with the ring! He is exploring how it feels to his fingers, or to wave it around, or to look at it as he moves it.

2.8 M36 Simple play with rattle
(2-5) Explanation: Baby is enjoying playing with the rattle. When he waves or shakes it, he is interested in how it feels, and the noise it makes, and how it looks or tastes. His play helps him learn and form ideas, like "things that make noise" and "things that don't make noise."

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so patient to place the rattle in Mary's hand so that she can feel it."	Offer Baby a variety of lightweight, bright, colorful objects that she may reach for and hold. Different colors and textures will encourage Baby to reach and explore with her hands.
"You have given a lot of thought to choosing toys for Vann that make different sounds or feel different when he touches them."	Choose rattles that are lightweight and have a thin stem that Baby's hand will close around. Make sure they are not easily broken. You may try several before you find one your baby likes best. A rattle with a face on it may attract her attention. Offer the rattle both to the left and right hands.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

D. HEARING, SPEECH AND LANGUAGE

1. Receptive Language

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PRAISE FOR PARENTS	ENCOURAGEMENT
	Audiologic screening is recommended between six months and one year of age. Many public school systems will screen any child below the age of 21 free of charge.
"You make it easy for Veronica to pay attention to the sound of her music box when you turn off the TV."	Baby may respond to sounds in various ways. She may change her activity level. If she was still, she may begin to wiggle. If she was moving she may become very still. She may change her breathing pattern or widen her eyes. A variety of toys and sounds may be used to encourage Baby to respond to sound: - rattles with different sounds - a small bell rung loudly and softly - squeak toys with a variety of tones - music that has a variety of tones and rhythms
"You were so nice to Thomas to take him into the living room before you turned on the blender. You knew that loud noises startle him."	Try not to startle Baby. Let her see you before you introduce sounds.
	You may try playing a radio softly in the baby's room to help him fall asleep.
"You do such a good job of talking to Peter in a 'special' voice. He likes to hear your voice."	Talk to Baby with a soft, high-pitched voice. (Professional should model for the parents.) At this age, <u>what</u> you say to Baby is less important than the <u>way</u> you say it to get his attention. Talk about your day, the weather, or whatever comes to mind. Use your voice to soothe and console Baby. Voices should be associated with warm, positive feelings, like full stomachs and dry diapers and soft skin.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Expressive Language

Infants learn that their attempts to communicate (crying or cooing) bring a response and are part of a "conversation."

Infants experiment with making different sounds just for the pleasure of it.

Infants may vocalize more when there is an "answer" or reaction to them.

0.9 M13 Vocalizes once or twice
(.5-3) Explanation: Listen to Baby talking! When Baby makes little noises like that (oh, ah, sigh, bubbles, etc.), she's starting to experiment with how to talk to you without crying. As Baby gets older, she will spend more time cooing to talk to you, and less time crying.

Birth L2 Vocalizes -- not crying
(0-2) Explanation: Same as Bayley, vocalizes once or twice.

1.5 M21 Vocalizes at least 4 times
(.5-5) Explanation: same as above.

2.1 M27 Vocalizes to E's social smile and talk
(1-6) Explanation: Baby is having a conversation with me. Hear how she talks when she sees a face and hears a voice? She has learned that conversations are a two-way street, and she wants to take her turn and talk, too. She has learned that when she talks, someone usually talks back.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"When you look at Tanya when she coos or sighs, you're telling her how important her talking is to you. She's happy to have such a good listener."	Listen for Baby's sounds and imitate these sounds back to her. Talk and coo with baby as you bathe, diaper and change her. She will begin to learn that the sounds you repeated back to her are important and make you happy. She will try to make them more and more.
"It's great that you coo back to Robert when he goos and coos and makes those funny sounds. Even though they sound funny to other people, you are helping Robert learn to talk!"	Vocalizing and laughing with Baby is one of the most pleasant activities parents can do with baby. Baby needs plenty of face to face contact. Coo, laugh, or talk to Baby and wait for Baby's response. Sing, hum or tell Baby a nursery rhyme. She will like to listen and watch the expressions change on your face. Be sure you give baby a turn to vocalize.
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BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

E. SOCIAL DEVELOPMENT

1. Consolability

Infants learn to trust parents that being picked up means the infant will be taken care of.

0.1 M2 Quiets when picked up
Explanation: Baby quieted down when I (you) picked him up and held him. He has learned that when you pick him up, he will be taken care of. Babies who are picked up quickly when they cry actually cry less when they get older than babies who are not picked up quickly. Those babies who are left to "cry it out" learn that they have to cry a long time before anything happens, and that's what they continue to do as they get older. Some babies are more fussy or cry more than others, and there will be times when he won't quiet even when you do pick him up. Be patient!

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PREMIE NOTE: People judge the cries of premies to be more irritating than those of full-term infants. Premies are easily overstimulated due to immaturity of the nervous system.

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2. Awareness of Other People

Infants learn to "reach out" to people:
- first, with their eyes,
- then a smile,
- then, by leaning forward with head and body,
- then extending their arms.

0.2 M6 Regards person momentarily
(.1-1) Explanation: Notice how Baby looks at people! She is already aware of others and wants to watch them. Some babies enjoy watching people more than others, and they spend more time "people-watching." Other babies enjoy looking and listening to objects in the world more. This is already part of your child's style of dealing with the world. (Note child's strengths.)

Infants learn to recognize specific people who are with them often: parents, siblings, friends, baby-sitters.

Birth PS1 Regards face
(0-1) Explanation: Same as Bayley, Regards person momentarily.

0.7 M10 Eyes follow moving person
(.3-2) Explanation: Look at how Baby follows you with her eyes when you walk around the room. She likes to look at you!

1.5 M18 Social smile: E talks and smiles
(.5-4) Explanation: See how Baby smiles or laughs when I talk to her or touch her? She has already learned to take her turn in this conversation. I talk, she smiles, and I talk some more.

Birth PS2 Smiles responsively
(0-2) Explanation: Same as Bayley, Social smile: E talks.

PRAISE FOR PARENTS	ENCOURAGEMENT
"It's great the way you respond so quickly when Sandra cries. She is learning to trust you and knows that when she cries you will be there."	When you pick up your crying baby, use a soothing voice. Babies cry because they need something and this is their only way of communicating. Ask yourself what Baby might need. Could Baby: - be hungry or thirsty? - need to be burped? - be too hot or too cold? - need to change positions? - be having a bowel movement? - need to be held? - be tired or sick?
"You are so sensitive to Johnny's needs. Wrapping him in his blanket helped him to calm down."	- Help Baby to be in control of his movements by swaddling or wrapping him. - Reduce lights, noises, or movements around Baby or take Baby to a quiet place to see if this helps. - Some people find that carrying Baby in a chest carrier three to four 30-minute periods throughout the day reduces Baby's fussiness.
"I like the way you hold Jamie so she can see your face. She really likes to watch your eyes move."	Hold baby and encourage her to make eye contact. Position baby so she can see faces and yet still turn away when she wants to.
"Martin really watches you, his eyes follow you wherever you go. You are so good about positioning him so he can see you at your work."	When baby is awake, have baby in the same room with you. Position infant seat, swing, pallet, so that baby can watch people.
"You are so good at responding to Jack's smile. You smile back or touch him and that helps him know that smiling makes everybody happy."	When Baby smiles, smile back or talk or touch her so she can tell that you have noticed her smile. Let her know by your tone of voice and touch that her smiling is important to you and is a good way to get your attention. Be sure to respond softly and smoothly at first so as not to startle her.

BEHAVIOR SEQUENCE | ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Awareness of Other People (cont'd)

First, infants attend to all faces.
- infant smiles to any face.
- infant gradually makes more active responses to familiar faces than strange ones.
- infant smiles more readily to familiar people than strangers.

2.0 M25 Visually recognizes mother
(1.5) Explanation: Let's see what happens when Baby looks first at me, then at you. Do you see how Baby reacts? (Note specific behaviors: facial expression, smile, arm waving, etc.) This means that Baby recognizes you and knows you're her Mother! A stranger doesn't get the same reaction from Baby.

2.1 M26 Social smile: E smiles, quiet
(.7-6) Explanation: Look at Baby smile when she sees my face. She has learned that people mean someone to talk with and play with her and that smiling is a good way to get your attention.

1.9 PS3 Smiles spontaneously
(1-5) Explanation: Look at Baby smile! Baby has learned that if she smiles first, she can get you to play a game with her or talk to her. She knows that smiling is a way to play with you.

2.4 M31 Reacts to disappearance of face
(1-5) Explanation: Now that I have Baby's attention, I'm going to move quickly where she can't see me. Do you see how she reacts? (Note specific behaviors.) Her actions say that she notices when a person leaves and she misses having someone to talk with. Baby enjoys being around other people.

3. Anticipatory Reactions

Infants learn to associate two events that follow one another, especially those that lead to pleasurable results like feeding, or being held.

Infants not only learn to trust parents but to "predict" their behavior.

1.7 M22 Anticipatory excitement
(1-4) Explanation: (Note child's specific reactions to situations where the mother is about to lift, feed, or dress the child.) For example: Look at how Baby is already making sucking movements when you put the bib under her chin. She knows that you are about to feed her. Baby has already learned enough about you and her world to predict when something will happen to her. She understands how "society" works for her, in feeding, dressing, etc.

2.6 M35 Anticipatory adjustment to lifting
(1-6) Explanation: When I start to lift Baby up, I can feel her tense her muscles and get ready for me to hold her. She knows how her world works and that she can depend on you to hold her securely and take care of her.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Ben really knows you are his mother. He will look at me, but he would rather look at you."	Your Baby needs ample opportunity to see your face and hear your voice. Plenty of face to face contact with baby is the way baby learns to recognize you. Moms need to play, talk, and coo with their babies, as well as provide physical care.
"I can tell that you have given Joey lots of attention. He notices as soon as you move out of his sight! You are such a loving mom for him."	When you see Baby smile, immediately respond with a smile and pleasant sounds. If her smiles are reinforced, and something pleasant happens (your attention), she will smile more and more, and use her smiles to get attention. Play peek-a-boo with Baby where you hide <u>your</u> face behind your hands or a cloth. (Baby may be too young to enjoy having <u>his</u> face hidden behind a cloth.) Baby will enjoy seeing your face return.
"You have done a good job helping Anna learn what is going to happen next. Look how excited she gets when she hears your voice. She knows you are coming to pick her up."	Saying and doing the same things each time you carry out your routine care helps teach baby to anticipate what is coming next: "Anna, it is time for your bath," and squeak a bath toy. Or say, "It's time to eat," and let her see the bottle or breast.
"Wanda loves for you to pick her up. Watch how she kicks her legs when she sees you extend your arms. She knows you will meet her needs."	Extend your hands to baby when you intend to pick her up. Let her see your arms and hear your voice as you pick her up. Pick her up with a smooth motion so she feels secure and safe.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

STAGE I: Self-Regulation and Interest in the World

1. Infant is Able to Calm and Regulate Self

a. The infant shows several minutes of calm alertness;
- alert periods without fussiness increase;
- irritability, muscle tension, and back-arching occur less often.

a. Has periods of calm alertness.
Explanation: Look how calm Baby is! He's looking around while sucking on his fist. Being able to be calm and relaxed instead of overwhelmed or fussy is a step in Baby's emotional development because it shows that he can deal with stress and recover from crying. Baby will learn to be secure in himself and have faith in his ability to deal with upsets and be organized, just as he must do in childhood or adulthood. There will still be times when Baby needs your help to calm down, but he needs first to experience being calm with your help before he can do this on his own. When Baby is fussy, irritable, or arching backwards, it shows that he can't calm himself and needs your help in order to do so.

b. The infant sleeps for several hours at a time;
- sleep periods become longer (but infant still wakes for feedings or when sick).

b. Sleeps peacefully for a few hours at a time
Explanation: Baby's sleep shows how well he can regulate his body. Being able to be calm enough to sleep for a few hours is a sign that the Baby is able to organize himself and deal with the stresses he experiences. Young babies wake for many reasons (hunger, sickness, etc.), but what is important is whether Baby is able to have periods of quiet sleep around those interruptions. As Baby gets older, he will be able to calm and regulate himself enough to sleep for longer and longer periods, and eventually through the night.

"You do a nice job of helping Marcus calm himself when you give him his pacifier to suck. You are teaching him to be relaxed."

"Holding Caroline close and swaddling her helps her to be calm. When she starts waving her arms wildly and cries because she's disorganized, you helped her settle down by gently helping her rest her hands near her chest. You're helping her get organized."

"Rocking Yolanda until she can quiet down enough to fall asleep helps her learn how to feel peaceful. You are so patient in helping her learn how to organize herself so that she can fall asleep."

"You have done a nice job swaddling Brian so that he can regulate himself and sleep peacefully."

Get to know Baby by observing her personality characteristics. Parents know their own babies better than anyone else! Professionals may know babies "in general," but parents know the individual child. After discovering what helps Baby calm down, give Baby as much help as she needs the first few months to help her be calm and relaxed. Don't worry about "spoiling" Baby, because unless she knows what it feels like to be organized and relaxed, she won't be able to calm down by herself.

Babies who have difficulty being calm tend to be easily overstimulated by the world around them. They may be said to be "overexcitable," "hyperarousable," or "colicky." Often, oversensitivity is limited to a particular sense.

Observe Baby closely to see if using a particular sense helps her to calm down. Some things to try while observing Baby's reaction:

- Hearing: Talking to Baby in a soft voice, high-pitched, or low-pitched voice.
- Vision: Making the light brighter or dimmer; changing facial expressions.
- Touch: Stroking Baby on stomach, arms, or legs. Try light touch, firm, or massage.
- Movement: Moving Baby by walking, rocking, or swinging; try fast and slow, up and down, side to side.
- Body position: Holding Baby upright against the shoulder, horizontally in arms, swaddled in a blanket.

Use the senses that help Baby become calm and regulated; gradually introduce other stimuli one at a time only as fast as Baby can remain calm. For example, hold Baby if that helps to soothe him; then add looking at him; if he is still calm, then add talking to him.

Try carrying Baby in a chest carrier (front pack) for several 30-60 minute periods throughout the day to help reduce fussiness during the late afternoon and early evening (4-7 p.m.) and to promote sleep.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

STAGE I: Self-Regulation and Interest in the World

2. Infant Shows Interest in the World

a. The infant reacts with interest to sensory experience.
- alert periods occur more times each day.
- alert periods become longer.

a. Reacts with interest to sensory experience.
Explanation: Look how alert Baby is! She brightens up when she looks at your face and listens with such concentration when you talk to her. Her interest in the world is a good sign of healthy emotional development because it will help her experience a wide range of feelings and emotions. It also helps her become interested in relationships with people which is the basis for further emotional learning.

b. The infant uses all the sensory modalities. The infant increasingly:
- brightens to sights;
- brightens to sounds;
- brightens to touch;
- brightens to movement.

b. Uses all senses.
Explanation: Baby reacts to the world by using all her senses. She enjoys looking at you and listening to your voice, she likes to be touched, held, and moved. Using all her senses is important for her emotional development because she is involved in the world in many ways, as deeply as possible, without missing out on any messages. As she grows up, this will help her be comfortable with all her feelings, whether it is love for you, feeling confident about herself and her abilities to run or play, or standing up for herself when another child tries to take her toys away.

PRAISE FOR PARENTS	ENCOURAGEMENT

"Your opening the curtains and pulling up the shades in the windows to let in more light was a good idea to help Riki be more alert and interested in her world."

"Look at Carl kick his feet when you talk and sing to him. You do a good job of helping him to be interested in his world."

"Liza doesn't seem to like being touched as much as she likes looking at things. Making faces at her while you changed her diaper really helped her to enjoy being touched."

"You know Randy so well! It was a good idea to get him interested in listening to the music box before you showed it to him since he doesn't seem to enjoy looking at toys as much as listening to them."

Provide a variety of interesting sights, sounds, smells, touches, and positions for Baby during the first few months without worrying about "spoiling" Baby. Just as with being calm, babies have to first discover that the world is an interesting place before they can begin to actively seek out interesting things themselves.

Babies who seem always sleepy, listless, lacking in energy, disinterested, or even lacking in muscle tone (floppy, limp muscles) may have difficulty being interested in the world. They may be called "underexcitable" or "hypoarousable."

Use the senses that help Baby be calm and interested to engage her, and then add other experiences at the same time. For example, if Baby enjoys movement, rock her until she becomes alert, and then try talking or singing to her. With senses that Baby seems not to enjoy, begin with simple experiences and progress to more complex ones.

Help Baby involve all the senses. Provide variety in each sense (for example, wearing shirts of different fabrics and textures to allow different touches) and combinations of senses. Looking, listening, and touching at the same time helps Baby practice connecting what she sees, hears, and feels.

ISSUE	APPRAISAL
ISSUES FOR PARENTS	
1. Fears and Feelings - The Individual Parent	
a. Emotional reaction to birth of a high risk infant: Ownership issues.	Is the parent concerned about feeling competitive with the hospital staff over ownership of the infant? Ask: "Do you feel like he's yours yet?" "How long have you had her home from the hospital now?"
b. Concerns about health/development. (1) Sickness/Rehospitalization/ Physical checkup produces recurring fear infant will die.	To what extent does infant illness or rehospitalization cause the parent to experience recurrent feelings of fear, guilt, anger, etc.? Ask: "Has Baby had any illnesses since he came home from the hospital?" "When Baby got sick, how did you feel about going back to the hospital?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I feel like Christy is really mine now because I've had her home 39 days and the hospital had her for 38."	Reassure parent that feelings of rivalry with the hospital staff is a common reaction in parents whose babies have had extended hospital stays.
"I feel like I must be crazy for counting how many days Kent has been home. I know it shouldn't matter but it does to me."	If the infant is rehospitalized, these feelings may recur after each hospitalization.
	These feelings usually begin to resolve when the infant has been home the same amount of time as she was in the hospital.
"I haven't even had Jeffrey home as long as he was in the hospital, and now he's back again. I'm afraid he won't ever come home again."	Listen to parents express their fears and encourage them to accept these feelings as normal reactions. Assure them that such fears are experienced by most parents, and it is common for parents of preterm and high-risk infants to feel them to a greater degree. Their intensity of feeling may not be understood or recognized by others.
"When Oprah got a cold, I was so worried she would get pneumonia, then have to be back on the ventilator, then have more problems. People don't understand how sick she's been."	Help parents use their knowledge and observations of the baby to focus on the specific symptoms or characteristics of the illness. Focusing on symptoms will help parents limit their concern to the particular illness, rather than jumping to conclusions or exaggerating the seriousness of the illness.
"I took Chad for a checkup and I had visions of them putting him back in the hospital. I know all babies get DPT shots, but I worry that he will be the one in a million to get side effects."	Check to see if parents have accurately understood medical information given by health care providers. Encourage parents to call health providers when information is unclear or when they have questions.

ISSUE	APPRAISAL
1. Fears and Feelings -- the Individual Parent (cont'd)	
b. Concerns about health/development (cont'd).	
(2) Parents fear infant may have physical or mental retardation.	Are parents so concerned with the infant's future physical/mental well-being that it interferes with their ability to provide care or nurturance? Observe: - Are parents repeatedly asking about a particular disability, such as cerebral palsy, mental retardation, etc? Ask: "Is there any particular area of growth or development that worries you?"
c. Parents' concerns about their ability to care for a high-risk infant: Overprotectiveness.	Is the parent's concern about frailty, cleanliness, germs, crowds, visitors or alternate care appropriate to Baby's age, health, and abilities? Ask: "How do you feel when visitors come by and want to hold or play with Baby?" "Have you taken Baby out anywhere? (to church, shopping, the park, etc.)" "Have you been able to get away from Baby by yourself (or with your husband) for awhile?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I just know there's something wrong with Jessie. It just hasn't shown up yet."	Professionals must be aware of their dual responsibility to allay parents' fears where appropriate and to explore subtle deficits to which parents may be especially sensitive.
"Since my neighbor's child wears hearing aids, I always wonder if Kiley can hear well."	Assist parents in targeting specific behaviors which may be worrisome by systematically considering all area of development.
"I read an article about premies having more problems in school than other children, and I panicked."	Foster awareness in the parent that there may exist some areas of development that are perceived differently due to the parents' own experiences or knowledge. Specific words may trigger an emotional response in parents with the result that they jump to conclusions. Professionals should check to see that parents hear accurate information. Inform parents that research finds premies and/or hospitalized infants show no significant differences in overall intellectual ability. There may be an increased risk of specific learning disabilities, which would not appear until the child started school.
"The doctor told me at my last visit that I could take Jeremy with me to the grocery store, but I just haven't been able to."	Professionals need to be aware that these are likely to be major issues when the infant first comes home from the hospital, diminish in the first month, and nearly disappear by the second to third month.
"Teresa weighs 10 pounds but she still seems so frail and weak."	Parents of high-risk infants may have a tendency to overprotect these infants as a way of guarding against further pain or illness for the baby. Remembering the hospitalization may prompt parents to take additional safeguards.
"I can't find anyone to stay with Tucker who knows CPR."	Encourage parents to talk with: - pediatrician, regarding physical health. - other mothers of high-risk infants about their experiences. Focus on emphasizing infant's strengths and abilities through demonstration/assessment. Parents stereotype premies as weaker, smaller, and less capable. Help parents identify changes and competencies in their infant.

ISSUE	APPRAISAL
1. Fears and Feelings -- the Individual Parent (cont'd)	
d. Parent-child interaction: Parents' expectations and reactions to baby's changing behavior.	Does the parent have realistic expectations of what is considered appropriate behavior for a child of this age?
(1) Skills emerging at this time: - decreased crying and/or fussy periods. - sleeping for longer periods.	To what extent is the parent able to view infant behavior as a normal part of development rather than as an attempt to anger or irritate the parent? Observe: - When parents make statements about the infant, do they focus on negative ways the child makes them feel, rather than on objective descriptions of the child's behavior? - Does the parent appear to feel harassed, overly annoyed, agitated, or anguished over baby's behavior? - Does the parent describe the infant in negative terms or using negative labels rather than describing behavior? - Does the parent frequently use phrases like: - "He's out to get me." - "She tries to make me mad." - "He doesn't like me." - "I can't win." - "Baby is ____:" bad, mean, selfish, spoiled, going to be trouble, etc. Ask: "How long and how often is baby sleeping?" "Is Baby crying a lot?" "Does Baby have periods of crying about the same time each day where nothing you do seems to help?"
(2) Special concerns with high-risk infants: - colic. - pinching, hands in tight fists. - spitting up, reflux.	Observe the infant for characteristics common among preterm or high-risk infants. Ask: "Is Baby crying a lot?" "How much is Baby holding her hands in fists or opening them?" "How is feeding going?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I think Opal is out to get me. I never know when she's going to wake up or go to sleep, or how long she'll sleep. She's driving me crazy!"	Assist parents in developing realistic expectations regarding age-appropriate behavior. This can be done through: - demonstrating the infant's abilities through activities, games, or assessments. - suggesting child development books, workshops, parenting classes, newsletters* on infant development, magazines, etc. A sample newsletter, "Baby Talk," from the First Years Together Program is contained on p. 253 in the Appendix. Additional copies may be obtained by contacting Project Enlightenment, 501 S. Boylan Ave., Raleigh, NC 27603. - encouraging parents to spend time with other families who have infants of similar ages (or adjusted age if premature).
"Asher is trying to ruin my marriage. Every time we sit down to supper, he starts to cry and I can't make him stop. He's terrible."	Help parents prepare for upcoming developmental changes in the infant so that they may anticipate effects on the relationship. Encourage parents to respond to the infant's behavior by analyzing what the infant is doing and by trying to "put one's self in the baby's place." Aid parents in describing the child's behavior, rather than by interpreting the child's motives as attempts to provoke anger, irritation, etc. Separate the child's behaviors into those that are caused by physical needs and those due to temperament. With the parent, identify the infant's style of behavior, focusing on: - How regular the infant is regarding hunger, sleep, elimination. - How active the infant is in movement. - How sensitive the infant is to sights, sounds, movement, or touch.
"Julia is so mean. When I pick her up, she pinches my neck and pulls my hair."	Some behaviors of premature or high risk infants may provoke especially strong reactions in parents because there is a difference between what parents expect and how high risk infants behave. - colic: Remind parents that colic may appear at 6 weeks adjusted age for the first time. - pinching, hands in tight fists: This may be part of a pattern of increased muscle tone or stiffness. Stroke the back of baby's hand lightly to encourage relaxation. If continuing, check with a physical therapist or motor specialist. By 3 months, hands are usually open about half the time. - spitting up, reflux: This seems to occur more frequently in premies; consult physician.

ISSUE	APPRAISAL
1. Fears and Feelings -- the Individual Parent (cont'd)	
e. Postpartum/postnursery depression.	Is the mother experiencing tearful depression, mood swings, irritability, or inability to concentrate? Ask: "How is Baby sleeping now?" "How much sleep are you getting at night?" "Do you ever have the blues or feel depressed now?" "Do you have any help with Baby?" If mother worked previously, "Are you missing your work?"
2. The Parent as Part of a Larger System	
a. Couple Concerns: Different parenting styles.	Do parents disagree on child-rearing philosophy to the extent that it causes a strain on the relationship? Ask: "How do your ideas match with your husband's (or partner) on raising Baby?" "As far as raising Baby is concerned, is there anything that you and your husband disagree on?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Nelda is still waking up every 3 hours at night to eat. Some mornings I don't feel like I've been to bed at all."	Explain that the body has sleep cycles, requiring approximately four hours to get through all the cycles once. When a person gets less than four hours of continuous sleep on a regular basis, the body may not get a particular kind of sleep (REM sleep). As a result, people may feel fatigued, irritable, angry, depressed, or moody. Parents of high-risk or premature babies may have to wake at night longer than parents of healthy full term babies.
"I don't think I have the blues. It's been such a long time since Robert was born that it can't be the blues. But I just don't feel like I'm back to my old self."	Problem solve with the parent to identify ways in which to obtain a long period of continuous sleep (more than four hours). Some possibilities: - Parents take turns waking up to feed Baby; the parent who has the night "off" sleeps in a room away from Baby so as not to be awakened. - Having Baby visit grandparents or a good friend overnight. - Getting a sitter to stay with Baby for a long afternoon while the parent sleeps. - Breastfeeding mothers may have someone else give Baby a late night bottle so the mother can go to bed early.
"I really like staying home with Deby. But I'm more tired now than when I worked all day."	For women who have worked previously, this is a time when the loss of the work role, friends, and contacts outside the home may begin to be missed. This may be a source of depression. Encourage mother to maintain contacts or build new ones.
"Marvin says I'm spoiling Sidney because I want to pick her up every time she cries."	Encourage parents to appreciate the fact that men and women play with children in different ways. Men tend to get involved in more physical or vigorous games; women get more involved in quiet or soothing games. The child needs both!
"Gwen says I play too rough with Anne. But Anne likes it when I toss her up in the air."	Remind parents that each brings to the relationship their own childhood experiences and memories of how they were parented. The more these experiences differ, the more likely they are to cause conflict.
"Barbara complains no matter how I handle the baby. I've just quit trying. I'll let her take care of it."	Suggest that parents talk to each other directly about how they think Baby should be raised. Talking with other parents, reading books or newsletters, or watching television programs about infant development can provide opportunities to begin discussion and share ideas.

ISSUE	APPRAISAL
2. Parent as Part of a Larger System (cont'd)	
b. Sibling issues (1) Sibling's jealousy of infant; behavior problems.	Is the parent understanding of the sibling's jealousy of the infant and able to handle it appropriately? Is the parent able to relate a sibling's negative behaviors or "acting out" to feelings of jealousy toward the baby? Ask: "How does Sibling (use name) try to get your attention when you're focused on the baby?" "Has Sibling (use name) expressed any anger or resentment toward the baby?" "Has Sibling (use name) changed the way he or she usually behaves since you brought the baby home?"

LISTEN	INFORMATION AND SUGGESTED ACTION

"All I have to do is sit down with Gay and Theo starts getting into mischief. He knows he's not allowed to climb in her crib!"

"When we first brought Drew home, Lucia couldn't seem to be happier to have 'our' baby. But now she's either whining or throwing a tantrum all the time."

"I thought Chelsea had adjusted just fine to having a baby sister, but now she keeps asking me to take her back to the hospital."

Inform parents that siblings may not begin to show their jealousy until the infant has been home for several weeks. As older children begin to realize that the new baby takes up much of the parents' time and the baby is not a playmate, siblings may begin to regard the infant as a rival. It is common for siblings to try to gain the parents' attention and test limits through negative behaviors such as:

- tantrums, saying 'no,' disobedience.
- clinging, whining, crying, unwillingness to separate from parents.
- wanting to be treated like a baby, being fed from a bottle, wanting to sleep in a crib, etc.
- some children show bedwetting or night waking.

Encourage parents to be sympathetic to the sibling's needs for reassurance and to find ways to tell and show siblings they care. Some suggestions:

- Have "special time" daily with each child where parent and child are alone for 15-20 minutes to read, color, go for a walk, etc. Call it "special time."
- Spend 2-3 minutes several times each hour with a child rather than trying to spend an hour together once a day or one afternoon a week.
- Give the sibling privileges that result from being older, such as having a playmate visit, choosing a snack, etc.
- Find ways the sibling can help care for the infant (if sibling is interested), such as bringing a clean diaper, finding a pacifier, singing to the baby. Do not force the sibling if he or she is not interested.
- Hold the sibling close for cuddling and tell the child "I love you." Do not insist that the child tell the infant "I love you."
- Allow the sibling to express negative feelings toward the infant. The parent may also express that there are some behaviors of the infant that annoy her too, but she loves the baby, just not the action. Example: "Yes, this baby does cry a lot, but I still love her just like I still love you even though you don't pick up your toys sometimes."

If the sibling is intensely jealous of the infant, parents may want to take appropriate measures to insure the infant's safety, such as not leaving the infant alone with the sibling, etc.

ISSUE	APPRAISAL
2. Parent as Part of a Larger System (cont'd)	
b. Sibling issues (cont'd) (2) Differences between infant and sibling.	Is the parent able to appreciate differences in the abilities, temperament, and developmental level of the children without classifying them as good or bad? Does the parent see one child as "perfect" or "all good" and another as "all bad"? Ask: "Does Baby sleep about as much as Sibling did? More? Less?" "Is this Baby easier or harder to care for than your other children?" "Do Baby and Sibling have similar personalities?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Angie is the sweetest little baby -- she's no bother at all. But Casey is always getting into trouble."	Assist parent in identifying unique characteristics of each child. Help parent find ways to see benefits and disadvantages of specific characteristics. For example: "This baby is a loud crier which may be annoying, but it's easy for you to know when she needs something."
"Martin was such a good baby, slept all night, was so content. This baby cries all the time and still isn't sleeping through the night."	Aid parents in separating the child's personality from the child's actions or behaviors. Explain that the child is not "out to get the parent."

CHAPTER 6

3 - 6 MONTHS

During this period, the infant shows remarkable gains in the ability to reach out to the world, mentally, physically, and socially. The infant's growing interest in the world outside of their own bodies leads them to build a strong emotional relationship with parents. Families respond with pleasure and begin to enjoy a comfortable relationship with the baby. For many, the concern about the child's health and development has lessened, and families begin to settle into daily routines.

The infant's changing mental abilities and growing fine motor skills lead to exploring the effect of personal actions on the environment. Consistent with the proximodistal trend, the infant becomes more accurate in reaching for objects and more adept at fingering and manipulating them. Objects are held, shaken, banged, carried to the mouth, and passed from hand to hand. The concept of cause and effect develops, as infants learn to think about how their actions are a means to an end, such as "When I shake this rattle, it makes a noise."

Gross motor skills continue to develop as the infant learns to roll over and prepares to master sitting. Early attempts at sitting, however, are unstable, and the body must be supported by the hands. It is important to facilitate a position where the infant is able to use the hands freely. Some preterms may show retraction of the shoulders, a posture where the shoulders are thrown back and the arms held away from the body in a w-position, which interferes with both sitting and reaching. Professionals and parents need to help the infant bring the shoulders forward so that the hands may be used to manipulate objects and help the infant think about the world.

Some parents, however, may focus on the development of sitting to the extent that they miss the dramatic growth in social-emotional thinking and fine motor skills. They may forget to adjust the infant's age for prematurity and begin comparing their child to full term infants of the same chronological age. A concern with the preterm's size or inability to sit at this age can make parents feel defensive about their child or their own parenting skills.

HOW TO USE THIS CHAPTER

Professionals should be familiar with the information in Chapters 2, 3, and 4.

Denver DST. Because of the small number of items from the Denver DST in this chapter, professionals may want to include some items from the preceding and following chapters. By presenting these items, the professional gains further opportunity to emphasize what the infant has already accomplished in development and what skills the infant will next be acquiring.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Head and Trunk Control	4.2 P18 Head balanced (2-6) Explanation: Watch Baby's head as I tilt her body. Lifting her head upright when she is leaning left or right shows that she knows she is leaning and she is moving her head to try to stay balanced. Later, she will use this to help her stay sitting upright when she starts to fall.
2. Sitting - The infant can sit with slight support; head bobs only slightly.	3.8 P17 Sits with slight support (2-6) Explanation: Look how Baby can sit when I give him just a little support. Muscles develop from the head downward to the feet. Sitting requires trunk and abdominal strength and balance. Baby's muscles have developed enough so that he only needs a little prop to help him sit.
	PREMIE NOTE: Premies may have a difficult time learning to sit if they show patterns of "extension" where they arch their backs, retract their shoulders, and hold their hands outward toward their sides. Helping infants to keep their hands in a midline position will facilitate sitting. Most full term babies practice "sitting" while lying on their backs by holding their feet up in the air to play with their toes or by bringing their toes to their mouth. Sometimes premies do not do this because their back muscles have not been stretched like full-term infants. However, this type of play not only stretches the back muscles, but also strengthens the abdominals and prepares Baby for sitting upright.
- The infant can sit for a few seconds. Loses balance often.	5.3 P23 Sits alone momentarily (4-8) Explanation: Let's watch and see if Baby can sit when I take my hands away ... he can sit for a few seconds! See how Baby leans forward and uses his hands to help support himself; it's like using training wheels on a 2-wheel bike to help him keep his balance. As his muscles get stronger, it will be easier for Baby to keep his balance and sit for longer periods. 5.5 GM9 Sits without support (4-8) Explanation: See Bayley M23, M27. Baby sits for 5 seconds or more.
- Infant gradually sits for longer periods of time.	6.0 P27 Sits alone 30 seconds or more (5-8) Explanation: Baby is sitting by himself now for longer and longer! His muscles have gotten stronger, but Baby still has to pay attention to keep his balance. When he is distracted, he falls. Soon, Baby won't have to think about it or use his hands for balance; he'll be able to sit and play with toys.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Valerie likes the side-to-side motion you make when you 'dance' with her."	Sway and dance with your baby when you hold her at your shoulders. This gives her practice in adjusting her head to an upright position. Rocking in a rocking chair or carrying Baby in a sling or backpack gives Baby a chance to adjust to your movements and practice keeping her balance.
"You help Eric by being there to 'catch' him as soon as he starts to fall. You're a good mom to anticipate when he needs your help."	Give Baby opportunities to sit where he feels safe, on an adult lap. Support Baby at the hips when you hold him on your lap. Watch for signs of fatigue, such as head bobbing, and increase support to Baby as needed.
"Eva enjoys sitting in your lap. You make it easier for her to sit when you catch her interest with the keyring so that her hands come to midline." "When you lift up Shelley's feet and kiss her toes, you make it fun for her to strengthen her tummy muscles and stretch her back."	Offer Baby a toy to hold while she practices sitting. This encourages her to get her hands to midline and curve her shoulders forward. Encourage Baby to lie on her back and play with her toes and feet. - Draw faces on the front of her socks to encourage Baby to lift her feet and look at them. - Place bells on her shoelaces so she can hear the noise when she kicks her feet. (There are bells especially made for this that are safe for Baby that can be purchased.) - Play "This Little Piggie" with Baby while she lies on her back with her feet in the air.
"Samuel really is beginning to sit by himself. You are great about letting him practice but giving him good support when he needs it."	Give Baby plenty of opportunities to sit on your lap or between your legs on the floor. Take your hands off of his body but not completely away from him.
"What a great idea to use the container positioned between the curve of Jay's legs to help give him stability while he sits. He likes to beat on it like a drum."	Place Baby on the floor with a large toy or object between the curve of his legs. A shape bucket or giant diaper wipe container works well. He can play with a toy which encourages hands to midline and the toy also provides some stability. Watch for fatigue. Baby may need help getting out of the sitting position.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

3. Moving and Changing Positions

- The infant learns to roll from back to side.
- Later rolls from back all the way to stomach, and from stomach to back.

4.4 P19 Turns from back to side
(2-7) Explanation: Look at Baby roll from her back to her side. She has learned how to shift her weight to help her move from one position to another. Rolling from back to side is harder than from her side to her back.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"Callie is really trying to reach her new wind up toy. She is lifting her head and shoulders as she tries to move toward it. You are so good about positioning her toys so she is challenged but not frustrated."	Baby begins trying to roll from back to side by throwing one leg over the other, trying to get a toy. Encourage this by placing toys at his side in the crib. Hang a mobile over his feet, encouraging Baby to kick. This helps him get ready to roll.
"Look how Judy laughs when you roll her from side to side. You have made her exercise fun."	To promote trunk rotation (twisting at the waist), place Baby on her back, flex hips and knees, and turn hip and knee from one side to the other. In other words, play with her, rolling her from side to side with her knees bent.
"When you help Lee do 'sit-ups' after a diaper change it helps strengthen his muscles. You make it into a game that's fun when you smile at him."	Gently pull Baby into a sitting position after changing her diaper. This will help strengthen her muscles. You may need to hold her feet down so she will bend at the waist. You will be doing most of the work at first. When Baby is on her back, place a squeak toy on her chest. Squeak the toy and encourage Baby to lift her head to see the toy.
"You talk so nicely to Carol. She loves your voice. See how she tries to raise her head to see your face."	Hold a toy over Baby's face as he lies on his back. Move the toy toward his toes, encouraging Baby to raise his shoulders to watch the toy.
"You are working so hard to encourage Bill to tuck his chin. You present toys for him to see at just the right level."	Hold an object in front of Baby at shoulder level to encourage him to look downward. Avoid trying to tilt his head forward by putting pressure on the back of his head. Lightly tap under the chin. This will encourage Baby to tuck his chin. Or press gently on Baby's forehead for a few seconds. This will encourage him to lean forward.
"You are so good about remembering to let Clay pull himself to sit after each diaper change!"	Continue to pull Baby to a sitting position after each diaper change. Let him hold your fingers for support, but he should do most of the work.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

4. Strength in Lower Extremities

- Infant bears some weight on legs for a few seconds while supported by adult.

4.2 GM8 Bears some weight on legs
(3-8) Explanation: This is a way of checking to see if Baby will bear some weight on his legs, because this means that his legs are getting stronger. However, Baby is too young to stand or walk right now, even though his legs may be very strong. Letting Baby stand now will not help him walk sooner, so it is recommended that you do NOT routinely hold Baby in a standing position; this is just a test to see how strong Baby's legs are. *See Premie Note below; Professionals should take care that parents understand the importance of encouraging flexion in premies.

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PREMIE NOTE: Premies may have a tendency to "extend" or stiffen their legs straight outward, which may feel like the baby is very strong. (One reason may be that premies miss out on the time in the womb when babies spend weeks curled up in a fetal position.) However, crawling and walking require that babies be able to straighten one leg at a time and bend one leg at a time. Premies need to practice "bending" their muscles, so that later walking may occur normally, without a stiff-legged gait.

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- Infant bears weight on legs while holding on to furniture.
- Eventually, stands alone and walks.

5.8 GM10 Stands holding on
(5-10) Explanation: When I place Baby in a standing position, she is able to keep her balance and stand for a few seconds. This shows that the muscles in her legs are getting stronger, but she is still not ready to begin standing or walking on her own. It is NOT recommended that you routinely do this. See Premie Note above. Professionals should take care to stress the importance of flexion in premies.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Even though Thurmond tries to stand, you are smart enough to support his weight so that he doesn't stand stiff-legged."	Baby needs to practice putting weight on his legs very gradually. Do not allow Baby to stand with vstiff legs, locked knees, or up on his toes for more than a few seconds. Instead, encourage Baby to bend legs at the knees by giving Baby much support or by placing a walker low enough so legs are bent at the knees. See Premie Note Below.

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BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Grasping, Holding	
- Infant first uses the palm of the hand to pick up small objects by "squeezing" them.	3.7 P16 Cube: Ulnar-palmar prehension (2-7) Explanation: Look at how Baby uses her hand to pick up the block. Here the thumb is kept close to the fingers; Baby uses the side of the hand near the little finger to squeeze the block against her palm.
- Infant uses the thumb to hold the object against the palm.	4.9 P21 Cube: Partial thumb opposition (4-8) Explanation: Baby is beginning to use her hands in a new way. She is using her thumb separately from her fingers in order to squeeze the cube against the palm. This helps her to pick up smaller objects and toys with different shapes.
- Infant attempts to pick up tiny objects by using the palm and fingers.	5.6 P25 Attempts to secure pellet (4-8) Explanation: Look at Baby trying to pick up this tiny pellet! It is more difficult to pick up tiny objects like this pellet or a raising than to pick up bigger things, like a block or a rattle, because there isn't as much to hold onto. Right now, Baby uses her whole hand rather than just the tips of her fingers.
- Later the infant will use the thumb and finger grasp.	5.6 PMAll Rakes raisin, attains (5-8) Explanation: Look at Baby pick up the raisin! See how she uses all her fingers like a mitten to squeeze the raisin against the palm of her hand. When she gets older, she will be able to use her thumb separately from her fingers. First she'll use her thumb to push the raisin into her hand, and then use her thumb and forefinger to pick up the raisin in a "pinch." (Demonstrate)
2. Other	
- Infant reaches for objects with both arms together, then refines reaching to using one arm.	5.4 P24 Unilateral reaching (4-8) Explanation: Today, Baby has been using one hand to reach for things instead of reaching with both hands. This is harder, because Baby has had to learn to separate one arm from the other; his movements are more specific. Instead of moving all of his body when he wants to get something, Baby can now move only the one part he needs, one arm.
- Infant refines the use of arms to allow movement of the wrist independent of the arm.	5.7 P26 Rotates wrist (4-8) Explanation: Notice how Baby can move his wrist separately from his arm, instead of moving his arm all as one piece. This shows Baby's good control of muscles, moving specifically the wrist.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You offer Andy just the right size rattles for him to hold."	Offer Baby thin-handled lightweight rattles, plastic bangle bracelets, measuring spoons, etc., to hold and shake.
"Look at Gail pick up that block. You must be giving her lots of opportunities to practice with her blocks."	As Baby begins to use her thumb, index finger and palm more, she can pick up thicker, heavier, objects such as blocks, balls, squeeze toys. Place a favorite toy or block inside another container such as an empty whipped topping container. This encourages Baby to use this grasp.
"You are so patient to put only one or two cereal pieces on Phillip's tray at a time. This encourages him to use the tip of his fingers to pick them up."	Small objects placed on a contrasting surface will help attract Baby's attention. Putting an O-shaped cereal or raisin in a bottle or cup and shaking it will attract Baby's attention.
"You are encouraging Patty to reach when you let her poke at your face and mouth as she sits on your lap.	When Baby is in sitting, side lying, or prone position, offer her a toy. Encourage her to reach by touching her one hand with the toy.
	A bell, an hourglass, or other toys that would catch his interest will encourage Baby to look and examine the object and then reach for it.
"Lamar certainly enjoys exploring with his eyes and hands. You are so good about offering him interesting objects he can hold, examine and mouth."	Sit Baby on your lap facing you. Place a colorful scarf loosely around your neck and let him try to grasp it.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Manipulation	
a. Manipulation while lying down. - Manipulation means paying attention to the sight, sound, feel, or taste of an object.	2.8 M36 Simple play with rattle (2-5) Explanation: See how Baby is playing with the rattle (or other toy) by looking at it and/or shaking it. (Point out child's specific actions.) Baby is enjoying the feel, sight, and sound of the rattle. 3.3 FMA6 Grasps rattle (2-5) Look at Baby hold on to the rattle! Holding onto a toy deliberately is a first step to learning about objects and how to play with them. Later Baby will shake the toy, look at it, etc. Holding onto toys happens before babies learn to let them go or "release" them. Right now Baby will just drop the toy without thinking about when or where it falls.
- While lying down, the infant plays with his own hands, or with toys placed in his hands by adults.	3.2 M39 Fingers hand in play (1-6) Explanation: Notice Baby rubbing her hands together. Baby is exploring one hand with the other; she is learning that hands have a different touch or "feel" than rattles or other toys. 3.8 M45 Inspects own hands (2-6) Explanation: Baby is watching his own hands. He is noticing what they can do so he can use them to reach for and explore objects and toys. By watching them move in the air, he will later be able to move them where objects are. 3.8 M44 Carries ring to mouth (2-6) Explanation: Look at Baby put the ring in her mouth. Babies explore how things "feel" with their hands and by putting them in their mouths to see if they are hard, soft, sharp, etc.
b. Eye hand coordination: Reaching for things while lying on back. - Infants first reach for objects at midline. - Early reaching is a swipe in the direction of the object.	3.1 M37 Reaches for dangling ring (2-5) Explanation: Baby is starting to reach for things! When he moves his arm toward the ring, he is trying to reach for it. His arm control is good enough to swipe in the direction of the ring, and soon he will be able to actually grab the ring.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"You have done a good job of choosing bright, safe toys for Megan. You are helping her explore with her eyes and her hands when you place a toy close enough for her to see and reach."	Stroke the back of the Baby's hand to encourage him to open his hands. Touch the palm side of the Baby's hand with thin-stemmed lightweight rattles. If necessary, help the baby curl fingers around rattle.
"That was a great idea to use pillows to prop Matthew on his side. This encourages him to explore his hands."	Position the Baby so she can see and touch her hands. Placing the Baby on her side encourages hand exploration. Place bright colored wrist bands on Baby or sew bright stickers on Baby's sleeves to encourage her to notice hands and their movements. Offer Baby a variety of rattles or other small toys such as: textured teething rings, bangle bracelets, and soft squeeze toys.
"You are so careful to choose toys that are safe for Nathan. You know that he is going to try to put everything he touches in his mouth."	Babies explore everything with their mouths. Make sure all toys and other objects that are close to the baby are safe, nontoxic, and too large to be swallowed. Check rattles and other toys regularly, making sure there are no loose parts or cracks.
"Amber likes the Happy Apple and the Chime Ball you chose for her. They make a happy sound when she touches them."	Place a toy just close enough so Baby can touch it with the slightest reach.

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BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Manipulation (cont'd)	
_ Later reaching enables the infant to touch or grasp the object.	3.8 M46 Closes on dangling ring (2-6) Explanation: See how Baby can grab the ring? He has learned to coordinate moving his arm and hand with seeing where the ring is; his hands and eyes are working together.
- Infants begin to turn and reach for objects at their sides.	4.9 M59 Recovers rattle in crib (4-8) Explanation: Look at how Baby can find a toy that is nearby and pick it up to play with it. This means Baby is able to organize his movements, (not just arms and hands, but shoulder and trunk, too) and coordinate them with where he saw the toy.
c. Visual manipulation while sitting.	
Looking at objects is a simple way of exploring them. - Infants look first at: - large objects. - bright colors. - objects that move. - patterns.	3.1 M38T Follows ball visually across table (2-5) Explanation: Baby is interested in the world and likes to watch things that move; look at him watch the ball roll across the table. He is "reaching" for the ball with his eyes! Babies start to reach for things with their eyes first, and then start to reach with their hands. 3.2 M40T Head follows dangling ring (1-5) Same as above. 3.2 M41T Head follows vanishing spoon (1-6) Same as above.
- Infants look later at: - small objects. - plain surfaces (not patterns).	4.4 M62 Regards pellet (2-7) Explanation: Let's see if Baby will notice this tiny pellet. Babies pay attention to larger objects first, then notice smaller and smaller objects. It requires that Baby actively look for it, since it is so small and doesn't move. 3.3 FMA7 Regards raisin (2-5) Same as Bayley M62, Regards Pellet.
- Infants watch their own actions on objects.	5.4 M67 Sustained inspection of ring (4-8) Explanation: Look at Baby watching his hands and the ring to see how he can play with it, by squeezing it, turning it, rubbing it, etc. He is looking at what happens to it when he plays.
- Infants watch the actions of others on objects.	5.8 M74 Attends to scribbling (4-10) Explanation: Baby is watching me write. He has always been interested in watching people, but now he can focus his attention on the same thing you attend to. He is interested in how you "play" with toys, and later, he will try to copy what you do.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You encourage Jake to reach when you hold the toy close enough for him to touch it."	Place a bright-colored scarf around your neck, allowing the ends to dangle within the Baby's reach. Smile and talk when the Baby's hand moves close to scarf. Model, pulling the scarf, until Baby gets the idea of pulling the scarf.
"Darlene enjoys the toys in her crib. You have a nice variety for her to choose from."	Leave safe toys close enough in the crib or play area that the Baby can reach and touch when she is by herself.
"You are holding Mary's rattle at just the right distance for her to see and follow it easily."	Using bright, colorful objects, hold the object about 8 inches from Baby over her chest. Move the object slowly at first, encouraging her to follow the object with her eyes. Then move the object more quickly.
	Objects that make a sound such as bells or squeeze toys may be used to encourage Baby to look toward the object offered.
"You have chosen a good place for Ann's crib mobile. She has to keep her chin on her chest to watch it turn."	Place the Baby's crib mobile about 8-10 inches above her chest. This encourages Baby to look downward or flex her neck muscles, instead of extending them.
"You encourage Al to look at objects so nicely when you point or talk to him about what you see."	Draw attention to small objects such as a watchface or button by tapping and pointing to the object.
"Carla really watches everything you do. She follows you with her eyes. When she gets older she will want to hold the pen and try to copy what you do."	As you make out the grocery list, write checks, etc., talk to Baby about what you are doing. This encourages her to watch you.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Manipulation (cont'd)	
d. Reaching out: Eye hand coordination while baby is sitting.	
- Infants reach out to touch objects beyond their bodies, without precise control.	3.3 M43 Manipulates table edge slightly (2-6) Explanation: Look at Baby reaching out to touch the table. Baby is interested in exploring things outside of herself. She wants to find out what she can feel, e.g., is it hard, soft, sharp, squeezable, movable?
- Infants actively manipulate objects, although control over location is not precise.	4.3 M50 Manipulates table edge actively (2-7) Explanation: Baby is becoming more interested in touching everything she can to explore it. She will use more and more different kinds of touches as she gets older; like, stroking, patting, banging, squeezing, etc.
- Infants can control reaching more precisely to swipe in the direction of a small object.	4.1 M49 Reaches for cube (2-6) Explanation: See Baby start to reach out for the block? Even though Baby can't get the toy yet, she is learning how to move her arm to the place where she sees a toy. This is a type of thinking where Baby combines information about where the toy is and where her hand moves. 3.6 FMA8 Reaches for objects (2-5) Same as Bayley M49, Reaches for cube. See also items immediately following: M51, M54, M70.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"Willie really enjoys handling the objects you give him. You've made sure everything that he can reach is safe."	Baby is beginning to realize that things are separate from herself. She may explore her cup, pallet, or infant seat. Place Baby near safe objects so she can see, reach and explore. Using very short strings (so Baby could not become tangled in them), tie rattles or other toys to Baby's infant seat or car seat to encourage manipulation.
"You do such a nice job encouraging Joy to reach. She likes the toys you offer her."	While holding Baby in a sitting position, offer her colorful bright toys. Hold toys at midline to encourage her hands to midline. Also make sure the Baby is holding her head in midline. Help Baby be "successful" by placing the object in her hand after she reaches. Allowing Baby to handle the toy is important so Baby doesn't get frustrated.
"You are giving George such good support. You help him position his body correctly so he can use his hands."	If Baby shows difficulty reaching from a sitting position, encourage him to practice reaching in the sidelying position first, then move to a sitting position. Make sure Baby has a good body position, chin tucked, rounded shoulders, etc. This will help her to reach more easily.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Manipulation (cont'd)	
_ Infants improve control in reaching to pick up small objects; requires concentration and effort.	4.4 M51 Eye-hand coordination in reaching (2-6) Explanation: Look at Baby touch the block! Baby has improved her control over hand and arm movements and can coordinate those with where she is looking. She can move her hand to the place where she sees the block so that she can actually touch it. 4.6 M54 Picks up cube (3-7) Explanation: Once Baby gets her arm to the block, Baby must move her hand separately from her arm and squeeze her fingers in order to pick up the block. This is difficult for Baby; she may need several chances and has to work hard. This is another way to manipulate and explore objects.
- Infants pick up objects with little effort with one hand.	5.7 M70 Picks up cube deftly and directly (4-8) Explanation: Look how quickly and easily Baby picks up the block. Baby's eye-hand coordination is good, so she can do this quickly and with good control.
- Infants can use both hands together to pick up an object.	5.2 M63 Lifts inverted cup (4-8) Explanation: Baby learns that "lifting a cup" is a way of manipulating or exploring the world. In order to lift the cup, Baby must use both hands together, pressing toward the center, or else his hands will just slide up the cup.
- Infants isolate fingers to pick up objects.	5.8 M73 Lifts cup with handle (4-11) Explanation: Baby is able to lift the cup by using the handle. It takes greater eye-hand coordination to isolate one finger and get that finger into the small hole in the handle of the cup.
e. Awareness of using two hands. - Infant is able to hold an object in each hand.	4.7 M56 Retains two cubes (3-7) Explanation: Look at Baby hold a block in each hand. Baby first holds an object in just one hand. Now Baby is beginning to be aware that she has two hands and is able to use them simultaneously. Baby can hold one block in each hand at the same time.
- Infant holds one object and reaches for a second (without dropping the first).	5.4 M64 Reaches for second cube (4-8) Explanation: See Baby reach for the other block when she already held one? Baby knows that she doesn't have to let go of the first block in order to get the second one; she has a "second" hand that she can use to reach for it. She remembers that one hand is already holding a block and uses the other hand.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Look at that neat ball! It is great for Paige to touch. She seems to like the different textures."	Toys and objects that are colorful, have a variety of textures, and/or make a noise, provide different experiences for Baby. Grooved or textured balls may be patted, felt, or tasted. Toys that have an irregular shape may be easier for Baby to pick up since the ridges or bumps may provide a "handle" for Baby to grasp. If Baby seems to enjoy people more than objects, encourage Baby to reach by holding the object in your hand and offering it to Baby.
"Look at Lacey pick up her blocks! You have really done a good job of encouraging her reaching."	Play reaching/picking up games, going from larger to smaller objects such as toy telephone, stack rings, key rings, or blocks.
"Jason is so excited when he holds the ball with both hands and can get it to his mouth."	Offer Baby objects to play with that are too big to pick up with one hand but are light and manageable with two hands, such as empty baby wipe containers, plastic bowls with the lids on, a sponge ball or a cone-shaped paper cup.
"You are so patient to let Evie try to hold her cup. She doesn't get much out of it, but she loves to try."	Offer Baby a plastic cup with a handle (empty at first). Show Baby how a cup will bang. She will like the noise. Offer her a cup to drink from just for practice at meal times, snack.
"You helped Maria hold two toys when you offered her two small, interesting objects and then time enough to grasp one then the other."	Offer Baby a small object such as a block or rattle, one at a time. Baby will grasp one object, then a second object. At first she may forget and drop the object in the first hand when she sees the second. She may need to be encouraged to hold both blocks.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number in Bayley or Denver

1. Manipulation (cont'd)

- Infant passes objects from one hand to the other.

5.5 M69 Transfers object hand to hand
(4-8) Explanation: Baby discovers that she can pass a toy from one hand to another; she can decide which hand to use. Baby is aware of having two hands and can coordinate using them. Later, this will allow her to hold an object with one hand and manipulate it with the other hand, such as holding a jar and unscrewing the lid.

5.6 FMA12 Passes cube hand to hand
(4-8) Same as Bayley M69, Transfers object hand to hand.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"When you hold a rattle in one hand and transfer it to the other, you are showing Chase how to switch toys. She will soon learn to do this herself."	Baby learns to transfer objects when you offer him a toy and he takes it, then offer him another toy to the same hand. At first, he may drop the first toy and reach for the second toy, but with encouragement and modeling, he will begin to transfer the first toy to the other hand. Then he can hold both. Offer Baby long toys that can be gripped at either end. First, Baby will hold one end at a time, then both ends together, one in each hand.
"Tasha enjoys sitting in your lap. You help her balance and this frees both of her hands to play with her toys."	Give Baby some time each day when she does not have to worry about balance and can use both hands to play. Use pillows to help position her so that both hands are free to manipulate and play with toys.
"Look how Darryl looks for you when you are out of his sight. You are so important to him."	Position Baby so he is facing you. Encourage him to look at your face as you change expressions or talk to him. Slowly make your face disappear behind a barrier, such as a diaper, box, or piece of paper. Reappear immediately. He should look for you when you disappeared. When you first begin playing the game, you may disappear only partially. Also try talking or singing when your face is out of sight. As Baby becomes familiar with the game you can disappear with no sound clues.
"You are so good at catching Justin's interest in the toy before you drop it."	Make a game of dropping small toys out of Baby's vision. Choose a toy that catches his interest when he is looking at the toy. Drop it by his side and see if he follows it with his eyes. If he does, make the game harder by dropping the toy out of his line of vision, such as over the edge of the table. The game is easier when the toy makes a noise as it falls, such as falling onto linoleum instead of carpeting. Drop "noisemakers" like bells or rattles.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
2. Memory (cont'd)	
- Infant searches for an object that disappeared or anticipates its reappearance.	5.7 PS6 Plays peek-a-boo (5-10) Explanation: Look at Baby look for you! This tells you that Baby's memory is developing, because she knows that you aren't really gone when you hide. She knows that you will peek out again. This also shows that Baby knows how to play a game where one partner does one thing (you hide), and she does another (she looks). See Social, p. 138.
3. Cause and Effect	
- Infants play with objects for the pleasure of feeling, looking, or listening to them.	4.8 M57 Exploitive paper play (3-7) Explanation: Look at how Baby waves or crumples the paper (point out specific actions). Once Baby finds out that the paper changes shape or crackles when he plays with it, he may repeat this again and again as a favorite game.
- Infants discover that their actions produce a result. They repeat their actions to cause the effect. First discoveries of cause and effect are accidental.	5.2 PS4 Feeds self cracker (4-8) Explanation: Baby has learned that when she puts the cracker in her mouth, it tastes good and satisfies her hunger. This is another way she learns how to think about one thing causing another. Baby is also learning how to help herself by feeding herself. See Social, p. 140.
	5.0 M60 Reaches persistently (3-8) Explanation: I'm going to put this toy too far away for Baby to reach to see if he will keep trying to get it. Baby has learned (will learn) that he CAN pick things up, so he is willing to keep trying, or repeat reaching, in order to try getting the toy so he can play with it.
	5.8 PS7 Works for toy out of reach (4-9) Same as Bayley M60, Reaches Persistently.
	5.4 M66 Bangs in play (4-8) Explanation: Do you see Baby banging that toy? Babies learn new ways of playing with things as they get older. At first, Baby may try to shake each toy then, Baby tries to bang the toy. This shows you that Baby is learning new ideas about how to play with things in the world. This is the way Baby things right now, in terms of actions, "What can I do with this toy?"

PRAISE FOR PARENTS	ENCOURAGEMENT
"Tonya enjoys playing this game with you. She likes to pull the blanket off your head! You can really make her laugh."	Play games such as "peek a boo" and "where is baby?" This is a fun game to play when dressing her or washing her face. When she becomes familiar with the game and is not fearful, play the game with a tissue or diaper, placing it over her head, then yours.
"It is so nice that you can let Mark play and explore the paper rather than worry about the mess."	Offer Baby a piece of clean, white paper to explore. She may wave, crumple (they will like the sound), or mouth the paper. Watch closely and remove any small pieces that may get into her mouth. Distract her with another toy and take the paper away when the paper gets soggy.
"You are so patient to let Whitney pat your cheek and pull at your hair. She is practicing her reaching."	As Baby begins to reach, make sure she has many successful and rewarding experiences. Hold her facing you and allow her to reach and touch your face. Make it fun by saying "Pat-pat" or making a noise each time Baby touches your face.
"You have chosen toys that Jenny is very interested in. See how she is trying to get to her ball."	Baby will be persistent about trying to get things out of her reach if she has some successful experiences.
"I know it is noisy, but it is great that you let William practice banging."	When Baby is seated at high chair or table, demonstrate what kind of noises are made when several different objects are banged against the tray. Bang a spoon, block, rattle, squeak toy. He will become interested and try to imitate.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
3. Cause and Effect (cont'd)	
	5.4 PS5 Resists toy pull (4-10) Explanation: Baby has learned that when he pulls on a toy, he can bring it closer. He repeats pulling even when you pull on the other end. He has learned "cause and effect" where he knows that his pulling is the cause of getting the toy. Similar to Bayley M71, Pulls string. Baby has also learned that this can be a game. He pulls and you pull. See Social, p. 142.
	5.4 M68 Exploitive string play (4-8) Explanation: Baby saw the ring but became interested in touching or playing with the string because it was here within his reach. Baby is exploring the string itself; he gets interested in the way it bends or wiggles when he touches it and tries to pick it up. Later Baby will learn the string can be used to pull things.
- Once the infant understands cause and effect, actions are purposeful to attain a result.	5.7 M71 Pulls string: secures ring (4-8) Explanation: Baby first pulls the string to play with the string itself, but accidentally discovers his action brings the toy to him. Once Baby discovers the connection or cause and effect, "I pull the string -- get the ring," he can do it again. Tomorrow Baby may not remember that he has to pull the string to get the ring and will "discover" the cause and effect again. Soon Baby will remember and won't play with the string at all but just use it as a way to get the ring.
	5.8 M72 Interest in sound production (4-8) Explanation: Baby first bangs or shakes objects just as a way of playing with them. Then Baby discovers that when he bangs something, he can make a noise happen. Once Baby knows that he can make things happen, even though the first time was an accident, he continues to bang or shake the toy deliberately to make noise. He learns to think about cause and effect.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Allie likes the give and take of this game. You are careful not to tease her and know to stop when she has had enough."	Play "tug of war" with Baby using a diaper or small blanket. You pull on one end and encourage Baby to pull on the other. Laugh and pull gently. See if she will pull back. Let go and let her play with the toy or blank a short while before you continue the game. Try not to tease her or make her frustrated with her efforts.
"You made Carl's squeaky bear more interesting when you tied the string to it."	Offer Baby toys that have a sturdy, safe, pull string. Baby will explore with his hands, fingers, and mouth. The string may be more interesting than the toy! You can also use an old scarf or belt (with buckle removed). Always be sure the "string" is not long enough to wrap around Baby's neck.
"Laurie is trying so hard to reach her toy. You are so patient and careful to make the game challenging but not too frustrating."	Demonstrate how Baby can pull the string to get the toy she wants. If Baby does not pull string to get her toy, demonstrate again. A string that is a bright, noticeable color may attract her attention. Use short strings to tie toys to Baby's high chair or car seat so Baby can drop toys but retrieve them, too.
	Securely tie a small bell to Baby's wrist or leg. Shake the bell so she can hear the sound and see the bell. Soon she will learn that his movement caused the bell to ring.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

D. LANGUAGE

1. Receptive Language

- Infants begin to localize the source of sounds. They turn to find it.

3.8 M47 Turns head sound of bell
(2-6) Explanation: Baby is able to turn and find the object that makes the noise, even though he didn't see the bell when it rang. It is important for Baby to be able to coordinate looking and listening so he can see the person who is talking or find where an object is that is making noise.

3.9 M48 Turns head to sound of rattle
(2-6) Same as above.

5.6 L5 Turns to voice
(3-9) Similar to Bayley M47, Turns head to sound of bell. Also, Baby is interested in finding the person talking because it means he can have a chance to talk back and play games and enjoy your company!

2. Expressive Language

- Infants experiment with making sounds and pitches.
- First, infants make vowel sounds, then add consonants.

4.6 M55 Vocalizes attitudes
(3-8) Explanation: Listen to the sounds Baby is making; that's the way Baby can communicate how he feels other than be crying. That "ooh" tells you he is happy or satisfied; that "uunh" sounds like he's saying "I don't like that toy!" (Point out specifics of infant behavior.)

PRAISE FOR PARENTS	ENCOURAGEMENT
"Look, when you shook the rattle, Mary looked right at the sound."	Play games with Baby where you have several objects that make noise, such as a bell, a rattle, a jar with pennies or a squeak toy. Hold the toy in front of Baby and make the noise while Baby is watching. Then move the toy to the side and see if Baby will look for the noise.
"David is fascinated by looking for sounds. You do such a good job making different sounds for him."	When you enter Baby's room, call Baby's name, soon she will begin to look for you when she hears your voice.
"I know it feels funny to read to Diane this early, but she really seems to enjoy the sound of your voice."	
"You imitate her sounds so well. You are teaching Anna to imitate when you imitate her."	Attend and respond to Baby's sounds. Encourage sounds of joy by imitating and smiling at her. Be sure to wait for Baby to take her turn!
"You are so good at interpreting Sam's sounds and knowing that he is hungry before he has to cry hard."	Listen to your Baby when she is making sounds other than crying to put into words what she is trying to say to you.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

E. SOCIAL - EMOTIONAL

1. Responses to Familiar People and Places

- Infants develop an awareness of home and family.

3.3 M42 Aware of strange situation
(2-6) Explanation: See how Baby opens his eyes wide or looks around when he is in a new place? This shows that Baby recognizes his home, and knows when he is in a new place.

- Infants realize who is familiar or unfamiliar (strangers).

4.8 M58 Discriminates strangers
(3-8) Explanation: Baby noticed that I'm a stranger. He frowned and turned away when I came in (point out child's specific response). Baby knows I'm not someone in the family or a friend or neighbor; not someone he usually sees.

- Infants are aware of familiar games and enjoy people.

5.1 M61 Likes frolic play
(3-8) Explanation: Baby enjoys it when you lift him high in the air or swing him. Baby trusts you and knows that you will not drop him. He has learned that when you play with him it makes him feel happy.

5.4 PS5 Resists toy pull
(4-10) Explanation: Baby is aware that he is an active partner in this "game." If he pulls back, he may get the toy. He learns that he has a part to play in the game.
He also knows that pulling usually causes a toy to come. See Cognitive, p. 134.

5.7 PS6 Plays peek-a-boo
(5-10) Explanation: Baby has learned how to play games with people where each person has a different role to play. Rather than just taking turns doing the same thing, now he knows "Mom does this" and "I do that" like, Mom hides behind the book, I look for her, and she pops out saying "Peep-pie."
It also shows memory. She knows that you aren't really gone when you hide. See Cognitive, p. 132.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Isn't it amazing how much time it takes to get Jane ready to go out? There is so much stuff to take. You're really keeping it all together."	Baby should have a variety of outings and experiences. Take her to visit friends, the store, parks. For first time outings try to make them as easy and relaxed as possible by giving yourself plenty of time and a small agenda so that you won't be anxious and can help Baby enjoy this new experience.
"You are so supportive to Tyler when you hold him gently and give him time to get used to me before we start our games."	Stranger anxiety is a sign of growth and maturity for Baby. He has learned to distinguish people. Hold him and allow him time to acquaint himself with other people. When people come to visit, ask them to let the Baby make the first move.
"You can tell by Hillary's laughter that she loves these active games you play together."	Play active physical games with Baby such as, "Up in the Air" or "Ride a Horse." Watch her facial expressions. If she seems afraid, stop immediately. A very gentle version of the game "Chase" is to crawl around after Baby and gently bump your head against her tummy.
"Kathy likes to play tug of war with you! You make it a fun game when you let her win."	Play "tug of war" with Baby using a diaper or small blanket. You pull on one end and encourage Baby to pull on the other. Laugh and pull gently. See if she will pull back. Let go and let her play with the toy or blanket a short while before you continue the game. Try not to tease her or make her frustrated with her efforts.
"Reg thinks peek-a-boo is fun now that he knows you're going to come back."	Play games such as "peek-a-boo" and "where is baby." This is a fun game to play when dressing her or washing her face. When she becomes familiar with the game and is not fearful, play the game with a tissue or diaper, placing it over her head, then yours.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Responses to Mirror

- Infant grows in awareness of self as an initiator of interaction.

4.4 M53 Mirror image approach
(2-7) Explanation: Baby is beginning to have a sense of self as a person separate from the world. She shows her interest toward the "baby in the mirror" by trying to move closer or touch the mirror.

5.4 M65 Smiles at mirror image
(3-12) Explanation: Baby's sense of self is growing. She knows she is a partner in a game or conversation. When Baby smiles, she enjoys seeing the baby in the mirror smile back.

6.2 M76 Playful response to mirror
(4-12) Explanation: Baby knows how to play simple games with people; such as "I do something, then you do." She enjoys getting the "baby in the mirror" to play by patting, banging, mouthing, etc.

3. Infant Begins to Learn How to Satisfy Personal Needs

5.2 PS4 Feeds self cracker
(4-8) Explanation: Baby has learned how to get food to her mouth and that crackers taste good. She knows one way to help satisfy herself. She is using her skill at eye-hand coordination to help herself.

She also shows her memory and thinking, because she knows that putting crackers in her mouth tastes good and makes her less hungry. See Cause and Effect, Page V-20.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Look how Annie enjoys making faces at herself."	Hang a safe mirror in the crib or playpen for Baby to discover and play with. Tap on the mirror to call attention to her image. Let her see you and the Baby's image in the mirror, talking and making faces in the mirror.
"Even though you are in a hurry to get Carter dressed in the morning, it is nice that you take the time to let him smile and talk to himself and you in the mirror."	Encourage your Baby to laugh as she looks in the mirror. Use her stuffed animals to "talk" to Baby while she looks in the mirror. Play imitating games in front of a large mirror.
"Isn't it fun to watch Elizabeth try to feed the Baby in the mirror. She wants to feed that Baby just like you feed her."	Put on a hat and then put one on Baby. Scarves are colorful and easy for your baby to pick up. You shake it and see if she will shake hers.
"Even though they are messy, Aaron really likes the crackers you give him."	Give Baby safe objects to mouth, such as safe toys or crackers. Watch Baby carefully! She may bite off pieces that are too large and choke.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

STAGE II: Falling in Love (2-7 months)

1. Infant Forms a Special Relationship with Parent

- At first, infants coo, smile, or look at any adult.
- Then infants respond selectively to parents and family members by:
  . looking at them with a special, joyful smile;
  . gazing at them with great interest.
  . joyfully smiling at them in response to their vocalizations;
  . vocalizing back when they vocalize.

Explanation: Look at the special way Baby reacts to you! When you are near, Baby watches you with great concentration. He smiles and coos at you when you talk to him and changed the expression on your face. Do you see the way he seems to smile with his whole body? He waves his arms, crinkles his eyes, and seems to be excited all over. This is his way of saying that he loves you and would rather be with you than with anyone else. I can get Baby to smile too, but he doesn't seem as excited or happy as when you are playing with him. This special relationship between Baby and you, or Baby and other members of the family, is important for Baby to learn how to love. It is an important step in Baby's emotional development.

PRAISE FOR PARENTS	ENCOURAGEMENT

"I can tell that you have spent a lot of time trying to get to know Jeffrey! He gives you a bigger smile than he gives anyone else. You have really shown him what love means."

"You are so sensitive to Margaret. When you saw that she was getting fussy, you stopped talking and just let her look quietly at your face until she was ready to play again."

Set aside some periods of time (10 to 20 minutes) with Baby when you are relaxed, free of interruptions, and able to give him your full attention. These don't necessarily have to be long periods of time, but times that are just for the two of you to enjoy each other. Relax yourself by taking the phone off the hook, turning off the television or radio, and clearing your mind of other thoughts or worries. Focus on being available to your Baby, by holding him closely, looking at him and letting him look at you, and by talking to him and letting him talk to you. Let yourself "woo" Baby.

If Baby loses interest in a close and loving relationship after only a few minutes, you can help to lengthen these periods of loving attention. As you begin to notice how long Baby enjoys closeness before getting fussy, change your activity just before fussiness begins. Try something less intimate, such as a physical activity (walking with or bouncing Baby, or playing "This little piggy") or direct his attention toward looking or listening at an object. After a short break, resume your attempts to engage Baby in play with you. Gradually try to make each period of loving closeness or "wooing" between you and Baby get a little longer.

If Baby gets overexcited or withdraws easily, you will need to make special efforts in order for you and Baby to share feelings of closeness. Slow down your reactions. Wait patiently for Baby to look, coo, or smile at you. When she glances your way, gently and slowly respond to her with a look or a smile. Avoid a strong response (vigorous facial expression, fast or loud talking, jiggling or bouncing Baby) as this may overwhelm or overexcite Baby. Allow Baby to enjoy your reaction and show her interest in you again. Continue to respond slowly and patiently. If Baby is overwhelmed even by the sight of your face, it may be necessary to use an object to first get Baby's attention, and then use the object to lead Baby to your face. Respond slowly and gently to the Baby.

II. EMOTIONAL MILESTONES
STAGE II: Falling in Love (2-7 months)
2. Infant Shows a Brighter Quality of Response
3. Infant Shows Stability During Attachment
4. Infant Uses all the Senses in a Relationship

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

STAGE II: Falling in Love (2-7 months)

2. Infant Shows a Brighter Quality of Response

Infants' reactions become fuller, deeper, and richer:
- eye contact is longer and more direct.
- smiles are broader.
- infant focuses directly on parent.

Explanation: Look at how involved Baby is when you and she play together! She is absorbed in what you do and say and is eager to smile and react. She is warm and interested in you. She is so responsive to you that this shows how deeply she can experience and express her feelings.

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3. Infant Shows Stability during Attachment

- At first, attention between infant and parent is easily disrupted.
- Gradually, infant can tune out or overcome distractions of his own body or outside events.

Explanation: Baby shows a good ability to pay attention in your loving relationship. He can overcome short interruptions such as when he sneezes or hears a loud noise and quickly become involved with you again. This shows how well he can deal with stress and handle these changes in his body. He stays calm and alert and directs his attention outward again to you.

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4. Infant Uses all the Senses in a Relationship

Infant uses seeing, hearing, touching, being touched, and being moved to enjoy a relationship.

Explanation: Baby receives a lot of pleasure from your loving relationship because she uses all of her senses to enjoy you. She looks carefully at your face and watches your expressions; she listens to your voice; she moves her body to snuggle close or move in rhythm to your voice; she enjoys your touching her and being held. When Baby uses all her senses, she can experience her emotions fully.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Marianne is fascinated with you! You have taught her that loving someone means being interested in them. You and she have a wonderful relationship."	Help keep Baby's interest by becoming even more aware of things you do that hold his attention. Watch to see what brings Baby's biggest smiles and deepest involvement, rather than a small grin or a general gaze past you rather than at you. At the same time, you will be learning what things cause Baby to lose interest. Experiment with different types of play, becoming more intense if Baby seems distant or hard to reach, and slowing down or soothing more if Baby seems to get overexcited easily.
"You have done a good job of helping Durc learn about love! Even though he started squirming when he needed to burp, he looked right back at you because he knew that you would still be there when he wanted you."	Pay attention to what you can do to help Baby refocus attention on you after he becomes upset or is interrupted. Spend some time when Baby becomes fussy or upset in trying to attract his attention to you. When you try to woo Baby or engage him in play even when he's upset, you're helping him learn that one way he can overcome stress is through a loving relationship. After you have tried to comfort him, stop and see if Baby tries to get you to continue your attention and respond to his efforts.
"Look at Shawna when she sees you! Shawna says, 'I love you with all my heart ... and eyes, and ears, and body.' You have helped her learn to use all her senses to feel your love."	Vary the types of activities and approaches you use to get Baby's attention. Encourage her to use a sense she does not seem to prefer by combining an activity she does like with one that uses the sense she ignores or dislikes. You can use the technique during feeding, diapering, and bathing, as well as while simply playing together. For example, if Baby likes sounds but not touch, say nursery rhymes as you diaper or sing as you bathe her.

ISSUE	APPRAISAL

1. Fears and Feelings: The Individual Parent

a. Emotional reaction to birth of a high-risk infant:
- Feelings of guilt over "premie" characteristics.
- Feeling defensive when asked about one's child.

To what extent does the parent worry about their own or other's reaction to characteristics shown by a high-risk infant?

Ask: "Do you find that people come up and talk to you when you take the baby out?"

"Do you know anybody else who has a baby about the same age as yours?"

b. Concerns about health/development:

(1) Parents express concern related to specific milestone; especially at this age:
- sitting.
- sleeping through the night.
- starting solids.

Does the parent's concern that their child reach a certain developmental milestone affect caregiving or nurturance?

Observe:
- When parents are asked routine questions regarding milestones, do they respond with high anxiety, ambivalence, or lengthy explanations about why the child has not attained the milestones?

Ask: "Is Baby sitting yet?"

"How is sleeping going?"

"How is feeding going?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I was in the grocery store and someone asked me how old Wilma was. When I said 8 months old, she said, 'What's wrong with her? She's so small!'"	Give parents permission to use baby's adjusted age (due date) without giving explanations of prematurity when asked baby's age. Reassure parents that when people ask "How old is he?" they are just 'making conversation.' It is an attempt to be friendly, not a judgment of parenting skills.
"I get tired of explaining to people that Frank was premature and he's really not like other 8 month olds."	Encourage parents to avoid comparing their child with others. Remind parents: - always use your child's adjusted age when considering their development. This is not making an excuse for your baby but looking at his development realistically. - all children are unique. Each develops at her own pace. Whether your child sits alone at 5 months or 9 months won't matter when she sits in first grade!
"I'm just not going to take Louisa out anymore. I feel like everybody stares. If they spent three months in the hospital, they wouldn't be sitting up either."	
"I know Alistair was 2 months premature and I shouldn't be worried that he's not sitting yet, but...I am worried."	Remind parents to correct for prematurity in viewing baby's development, using adjusted age (time since baby's expected due date.) Caution parents against comparing their child to others. Each child develops at his or her own pace. Emphasize that skill areas are independent of one another; babies do not progress through gross motor, fine motor, language, social, intellectual, and emotional skills at the same rate. Baby's interest in achieving a skill in one area may overshadow interest in another. Reaffirm Baby's strengths through demonstration/assessment.
"Since Bonnie had intestinal surgery after she was born, I want to start solids to see if she can take them, but I'm scared something else will be wrong."	Explain to parents whose infants have experienced illness or rehospitalization that developmental progress may temporarily be slowed. Recently acquired skills may be lost since the infants' energies are directed toward healing or recovery. Listen for recurrent themes or worries that parents have previously indicated as a source of concern. For persistent concerns, encourage parents to consult specialists in the area.

ISSUE	APPRAISAL
1. Fears and Feelings: The Individual Parent (cont'd)	
b. Concerns about health/development (cont'd)	
(2) Parent expresses concern about infant's teething.	Are the infant's teeth appearing in the usual pattern? If not, is the parent expressing concern? Ask: "Is Baby cutting teeth?"
c. Parent's concern about their ability to care for a high-risk infant	
(1) Parents begin to relax and enjoy the infant.	Are parents showing delight in the infant and appearing relaxed and less concerned about caregiving practices? Ask: "Is being a parent getting easier?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Devin is getting a tooth on the right side, but there isn't any sign of one on the left yet."	Inform parents that if their infant was on a ventilator the baby teeth may not emerge in the typical pattern. Remind parents that age of teething varies widely and is no indicator of physical health.
"Ralph is so much fun right now! I feel like all the trouble is over and we're just like any other family with a baby." "Even though Serita is sleeping all night, I still get up to check on her in the night."	This is a time where parent and infant usually show mutual delight. Parents frequently express joy and exhilaration regarding their infant's social awareness. Caregiving has become routine and ceases to be a major concern. When parents are not feeling or expressing delight and self-confidence, professionals may want to: - Help parents appreciate their competence to care for the infant by recalling early feelings. - Reinforce parents for game-playing and socializing with infant. - Investigate concerns or worries parents may have that prevent feelings of confidence.

ISSUE	APPRAISAL
1. Fears and Feelings: The Individual Parent (cont'd)	
(2) Concerns about infant welfare if mother returns to outside employment.	Is parent able to perform at work without excessive concern about infant? Is parent prevented from returning to work (for financial, professional, or personal needs) because of excess concern about the infant related to the high-risk birth? Ask: "How many times a day do you call the babysitter while you're at work?" "Is child care working out all right?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I need to go back to work for the money, but I can't find anyone to take care of Chad. He's had so many problems."	Emphasizing that the decision to return to work, the absence from the infant, and seeking of alternate care are difficult for all mothers. Recommend that parents take advantage of community resources and books directed toward working parents.
"I missed out on so much time we could have had together when Sueanne was in the hospital that I hate to go back to work now."	Professionals should recognize that normal issues are intensified for parents of high-risk infants. Help parents explore their feelings and options, and give support as needed. Prepare parents to common reactions and events, such as: . worrying about the infant while at work. . alternate plans when the infant is ill. . coping with the infant's crying or distress when parent departs for work. . infants who have been sleeping through the night may show night waking again.

ISSUE	APPRAISAL
1. Fears and Feelings: The Individual Parent (cont'd)	
d. Parent-child interactions: Parents' expectations and reactions to baby's changing behavior.	Does the parent have realistic expectations of what is considered appropriate behavior for a child of this age? To what extent is the parent able to view infant behavior as a normal part of development rather than as an attempt to anger or irritate the parent? Observe: - When parents make statements about the infant, do they focus on negative ways the child makes them feel, rather than on objective descriptions of the child's behavior? - Does the parent appear to feel harassed, overly annoyed, agitated, or anguished over Baby's behavior? - Does the parent describe the infant in negative terms or using negative labels rather than describing behavior? - Does the parent frequently use phrases like: . "He's out to get me." . "She tries to make me mad." . "He doesn't like me." . "I can't win." . "Baby is _____": bad, mean, selfish, spoiled, going to be trouble, etc."
Skills emerging at this time: - rolling over - reaching and grasping	Ask: "Is Baby trying to roll over yet?" "Has Baby started reaching for things yet?"
Special concerns: - standing - overextension of neck or legs - retraction of shoulders	Observe the infant specifically for patterns of extension, such as standing or shoulder retraction. Ask: "Does Baby like to stand?" "Does Baby bring both hands to the middle of his body to hold a bottle or a toy?

LISTEN	INFORMATION AND SUGGESTED ACTION
"Davis won't let me change his diaper. As soon as I lay him down, he rolls over so I can't change him. He made me stick my finger with a pin!"	In general: - Assist parents in developing realistic expectations regarding age-appropriate behavior. - Help parents prepare for developmental changes. - Aid parents in describing the child's behavior rather than interpreting the child's motive as attempting to provoke anger, etc. - Separate behaviors due to temperament from those due to physical needs. For details on general suggestions, see Chapter 4, 0-3 months, p. 104.
"Janie is so bad. She always grabs my glasses, and yesterday she pulled my coffee cup out of my hand! I know she's going to be trouble."	
"Arnold is so selfish and lazy. He won't reach for things when he's laying in his crib, but he'll grab them from me when I hold him on my lap."	
"Naomi is so strong. She never wants to sit; she's always standing in my lap."	Behaviors of premature or high-risk infants may provoke especially strong reactions in parents. - Remind parents that standing and shoulder retraction are common consequences for high-risk infants. Encourage parents to help Baby bend at the hips and knees, and bring Baby's hands together in front of the body.

ISSUE	APPRAISAL
2. The Parent as Part of a Larger System	
a. Couple concerns: Household routines.	Has the couple worked out a system for routine management of household tasks and child care acceptable to both parties? Ask: "How did you and your husband take care of household chores before the baby was born? Is that arrangement still working?"
b. Sibling issues: Sibling's increased enjoyment of infant.	Is the sibling more accepting of the infant? Does the parent allow siblings and infant to interact? Ask: "What interest does Sibling (use name) show in the baby?" "Does Sibling try to make Baby smile or laugh?" "Are there times when you, your older child(ren) and the baby all play together?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Warner thinks I should be able to keep house the way I did before Julie was born. But Julie's needs come first."	Encourage couples to discuss these issues openly. Suggest they set aside a specific time just for that purpose, rather than just letting it "come up."
"Since I've gone back to work, my house is a wreck. Carl still thinks child care and housework are my job, even though I work full time, too."	Help couples realize that after families change, values and attitudes change, too. Encourage them to focus on what the most important issues are to each of them, and try to reach a shared agreement.
"When John comes home from work he vacuums and cuts the grass, but I wish he would spend time with Billy."	
"Shelly is so proud of her brother now. She wanted to take him to nursery school for show and tell."	Professionals should be alert to ways that the parent might unintentionally be discouraging the sibling's involvement with the baby, such as: - not permitting sibling to get close to baby. - not permitting sibling to touch baby's toys. - not allowing sibling to "help" with care of the infant. - praising the infant, but not the sibling.
"Stanley is starting to think of his sister as a real person. He even talks baby talk to her."	
"Marcella still won't have anything to do with the baby. What can I do to get them to play together?"	Encourage parents to reinforce appropriate attempts by sibling to interact with baby by commenting on and praising sibling's behavior. Parent should model acceptable games, such as: - playing peep-eye, peek-a-boo. - saying nursery rhymes for baby. - showing pictures in a book at a safe distance. - winding up a music box for baby.

CHAPTER 7

6 - 9 MONTHS

This is a period when infants are becoming more aware of what they want and how they can obtain it. It is evident in their attempts to understand, communicate, crawl, explore, and capture their parents' attention. Babies are becoming mobile; they can roll where they want to go and may begin to crawl. This widens the territory that they can explore, and developing fine motor skills allow infants to pick up (and swallow) smaller and smaller objects. Safety becomes an important consideration.

Along with motor abilities, infants take an increasing interest in communicating. They may recognize specific words, especially when spoken in a distinctive manner ("peek-a-boo") and respond appropriately. They attempt to produce more sounds, and the babbling frequently leads to saying "da-da." More importantly, they communicate with their actions, watching expectantly for a response from the parents and enjoying simple games and routines.

The deepening relationship between parents and child is furthered by the infant's mental attainment of the concept of object permanence. Infants learn that objects and people still exist in the environment even though they may not be able to see, hear, or touch them. The new sense of purpose and growing mobility allows infants to seek parents by crawling, calling, or crying for them. As infants develop a scheme for the familiar, they may show anxiety toward strangers and cling tightly to the parents.

Families react with mixed emotions to these changes. Siblings may be threatened by the infant's new mobility and again vie for the parents' attention. Parents are gratified by the baby's attachment to them, yet may be frightened by the increasing closeness. The realization that the infant is still highly dependent on their care may contribute to a feeling of "burnout."

Parents of preterm or sick infants have had to devote attention to the physically demanding needs of a tiny baby longer than parents of healthy fullterms. Most likely, they have had to handle more illnesses and sleepless nights. Professionals can help reassure parents that the infant's growing attachment is a sign of love for the parents. Responding to the child is an investment in the child's growing sense of self-confidence and independence, whereas pulling away from the child only makes the infant want to cling further.

As parents relax from the crises of hospitalization and early illness and establish daily routines, their attention now frequently turns to each other. Problems that existed in the relationship before the birth of the infant may now resurface and create further tension. Professionals can help by monitoring the situation and making referrals if needed.

6-9 months I. INFANT DEVELOPMENT
A. GROSS MOTOR
1. Sitting and Trunk Control
2. Moving and Changing Position

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

1. Sitting and Trunk Control

The infant sits for 30 seconds using hands for support;
- back is curved.

6.0 P27 Sits alone 30 seconds or more
(5-8) Explanation: Baby is able to balance herself well enough to sit for a half minute or so. Note that she still uses her hands to support herself. She leans forward with her back curved because her tummy muscles are still somewhat weak.

Infant is able to sit while using one hand to manipulate objects;
- holds back straighter.

6.6 P29 Sits alone, steadily
(5-9) Explanation: Baby balances so well that she can sit for several minutes. Her abdominal muscles are stronger and allow her to sit with her back straighter instead of leaning forward. She still uses her hands to maintain her balance.

Infant is able to sit while using one hand to manipulate objects;
- then uses two hands for manipulation.

6.9 P31 Sits alone, good coordination
(5-10) Explanation: Now Baby has good control over trunk muscles and can sit up without using her hands to prop herself. If she starts to fall slightly, she can use her muscles to right herself, but if she falls too far to the side she will need to use her hands to catch her self. Since she doesn't need her hands for support, she can use them to play with toys.

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2. Moving and Changing Position

Rolling
- Infant first rolled from side to back;
- then stomach to back;
- then back to side;
- now back to stomach.

6.4 P28 Rolls from back to stomach
(4-10) Explanation: Baby is able to roll from his back to his stomach. This shows that he can reach with one side of his body (his arm or his leg) to shift his weight and help him roll.

Crawling
- Infant upon hands and knees, stomach low to ground.
- may rock on hands and knees;
- may dive forward;
- coordinated arm and leg movements.

7.1 P33 Prewalking progression
(5-11) Explanation: Babies usually go backwards before they can move forwards because the muscles in the top half of their body are stronger than those in the bottom half, so babies use their arms to push themselves backwards. Being able to go forward 9 or 10 inches shows that Baby's muscles in his lower body are stronger and able to push him forward.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Your patience in holding Sasha on your lap has helped her learn to sit. What a good mom you are!"	Hold Baby in front of the mirror. Seeing her own reflection encourages her to hold herself in the sitting position.
"You are doing a nice job helping Jackie bring her feet up to her face. She's really practicing sitting while lying on her back."	Encourage Baby to lie on her back and play with her toes and feet. This helps strengthen the same muscles used for sitting. Draw faces on front of her socks, or place bells on her shoe laces (There are bells especially made for this that are safe for Baby that can be purchased.) Play "This Little Piggie" with Baby while she lies on her back with feet in the air.
"The pillows behind and beside Brooke's back are a wonderful idea to protect her from bumps. She is sitting so well but still needs some protection."	A large baby wipe container, or cylinder-shape container positioned between Baby's legs gives him some support and encourages him to keep his hands toward midline. Watch f fatigue; some babies may need help to get out of the sitting position.
"Putting the toys close to Andrea's side encourages her to reach out and turn her body while she sits. You are encouraging her to balance herself without using her hands."	Place favorite toys to the side of Baby so she can practice turning her body to the side and reaching for the toys. Sit behind Baby and play peek-a-boo. Peek out from one side then the other to encourage Baby to practice turning while sitting.
"You have given Taylor such a nice safe place to play on the floor. Having such interesting things at his eye level encourages him to twist and reach and practice rolling."	When Baby is lying on his back, position yourself so that he will have to raise his head and body to look at you. You want him to raise himself and turn, causing him to roll over. His arm should come across his chest during the roll. If this is too difficult, help Baby practice this from a side lying position.
"What a great game you have invented to play with Dorothy when she is on her hands and knees. As you gently push on the soles of her feet, she gets the feeling of forward motion."	With Baby on her hands and knees, encourage her to rock back and forth. Position yourself on the floor on your hands and knees and model the back and forth motion, sing, chant and make it a fun game. If Baby does not use her feet to push forward, put your hands behind her feet so she has the feeling of pushing against something.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
2. Moving and Changing Position (cont'd)	
- Infant can sit with good balance; - Infant raises self to a sitting position by pushing with arms.	8.3 P37 Raises self to sitting position (6-11) Explanation: Being able to "transition" or move from one position to another requires Baby to twist and turn and use a combination of movements that is more difficult than simply repeating movements as in crawling. Baby shows good muscle control when he can do this smoothly. 7.6 GM12 Gets to sitting (6-11) Same as Bayley P37, Raises self to sitting position.
3. Standing	
- Infants bears weight on legs; - Infant uses support of an adult to pull up to a standing position. - Infant can use a stationary object for support to pull to standing.	8.1 P36 Pulls to standing position (5-12) Explanation: See how Baby is able to get into a standing position if you support her with your hands. She uses your hands for balance and support. 8.6 P38 Stands up by furniture (6-12) Explanation: Baby uses the furniture to pull up on because her arms are still stronger than her legs. She still needs the furniture to help her balance and stay up. 7.6 GM11 Pulls self to stand (6-9) Same as Bayley P38, Stands up by furniture.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"What a good way to help Tony learn to get himself from crawling to sitting. You encouraged him to pick up his hands and sit down, by moving his dog in the direction you want him to go."	When Baby is on his hands and knees, use a favorite toy or bell to catch his attention. To help Baby get to sitting, slowly move the toy over his shoulder. Encourage him to follow the toy with his eyes, turn his head, and then raise his hands and settle into a sitting position. At first you may have to give baby some support with your hands around his waist; gradually decrease your help.
"You do a nice job of helping Claudia pull to a stand. You help her to balance by adjusting your hands and how much support you give her."	With Baby sitting on your lap facing you, hold her hands and gently pull her to stand. Allow Baby to support herself by placing her hands on your head or shoulders. Be sure to be ready to catch Baby when she starts to fall.
"Aren't you smart to push the chairs under the table. Then when Jay tries to pull up, they don't tip over on him."	Place a favorite toy on the edge of the sofa or a heavy chair. Encourage Baby to reach and play with the toy. Check your home for furniture that is not stable enough to pull up on, such as lightweight chairs or unstable bookcases and remove them or try to weight them so Baby can't pull them over on himself.
"You are helping Noah learn to stoop and stand when you let him use your leg as a chair and hold onto your shoulder for support."	With parent sitting on floor with legs outstretched, place Baby astride one leg. Firmly support Baby by placing hand around his trunk. Rock Baby from side to side, encouraging one leg to bend and one leg to straighten. Make Baby a low seat 3-4 inches high (use a stack of books or a thick cushion). Support Baby, placing hands around her trunk. Encourage Baby to alternately sit and stand. This will help Baby bend at knee and waist.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
4. Walking	
- Infant shows coordinated stepping movements when weight is supported by an adult.	7.4 P34 Early stepping movements (5-11) Explanation: Even though Baby cannot yet support his own weight, he has the coordination to move his feet and legs as though walking. Note how I'm supporting him by holding him under his arms. 8.8 P40 Stepping movements (6-12) Explanation: Baby is nearly able to walk by himself, moving his feet and legs forward. He is able to support his own weight on his legs, but still needs to hold onto your hands for balance.
B. FINE MOTOR/PERCEPTUAL MOTOR 1. Refined Grasping	
- Infants are first able to pick up larger objects before tiny objects.	6.8 P30 Scoops pellet (5-9) Explanation: Baby uses all her fingers together in order to pick up a small object. She doesn't yet use her thumb and fingers separately. Baby can't pick up small objects with a "pinch" yet, between thumb and finger, but simply squeezes it into the palm of her hand to hold it. It's as though there were a sock on her hands.
- Infants first use all their fingers to scoop or rake an object into the palm of the hand.	
- Then infants separate the thumb from the fingers and use it to push an object into the hand.	6.9 P32 Cube: Complete thumb opposition (5-9) Explanation: The bigger the object is, the easier it is for Baby to use thumb and fingers on each side of it to pick it up. Here Baby can pick up the block and has better control at moving it. Baby moves the thumb separately from the fingers as if she were wearing a mitten.
- Next, infants pick up tiny objects by using the thumb and the tips of the fingers.	7.4 P35 Pellet: Partial finger prehension (inferior pincer) (6-10) Explanation: Baby is beginning to use a "pinch" where she brings the thumb and finger together to pick up a tiny object. Here she is still using her thumb and several fingers but doesn't squeeze it into her palm to hold it.
- Finally infants use only the tip of the thumb and index finger.	8.3 FM14 Thumb-finger grasp (7-11) Same as Bayley P35, Pellet: Partial finger prehension. 8.9 P41 Pellet: Fine prehension (neat pincer) (7-12) Explanation: Now Baby is able to use just the tips of her thumb and index finger to pick up a tiny object. This allows Baby to control her hand enough to pick up even the tiniest objects easily.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so patient with Lenny as he practices his stepping motions. Babies want to practice much longer than our backs can take that bent-over position."	Practice walking with Baby; first supporting her under her arms, then holding both hands at or below her shoulder height.
"Marty says, 'Thank you for helping me learn to walk, Mom. I especially like it when you take me outside to practice.'"	Baby may practice walking by pushing a small chair or walker. She is able to support her weight and take steps when you hold her hand. Commercial toys, such as grocery carts, doll strollers, etc., may also be useful. Be sure the toy is stable enough to support baby as she leans on it and pushes it.
"When you give Katie cereal or small bits of food, you are letting her practice this skill of picking things up. She likes it because then she gets to eat a favorite food."	Place small bite size pieces of cereal in Baby's view on a hard surface. Tap the cereal to get the child's attention and encourage her to try to pick up the cereal. Place only one or two at a time on her tray. This encourages her to use her fingers instead of trying to rake several at a time. Baby should be in a sitting position or on her stomach using her elbows to support her weight.
"Thornton really likes the blocks you chose for him. He is practicing using his hands for grasping now, and he will continue to play with these for years to come."	Offer Baby objects such as one-inch blocks, pegs, or other objects that can be picked up with the thumb and finger. Bright colors and objects that make sounds such as bells or blocks on a metal tray will attract his attention and encourage grasping. Remember to supervise so Baby doesn't choke.
"You are so patient to give Allison her cereal one or two at a time so she can practice picking them up with her fingers."	Continue offering Baby favorite food items in small pieces on her tray: dry cereal, cubed toast, small pieces of cooked carrots are good choices. Spread a large plastic garbage bag or drop cloth under Baby's high chair so cleanup will be easy for you.
"Isn't it amazing how Joey can pick up even the tiniest object with the tips of his fingers and thumb. You must have given him lots of opportunities to practice."	Show Baby the plastic pull string on a pull toy, encouraging him to pick it up with his index finger and thumb.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Poking and Pointing

- Infants learn to move the whole hand in reaching;
- then they learn to use just one finger in pointing or poking.

8.9 M87 Fingers holes in peg board
(6-12) Explanation: Baby is able to separate or isolate one finger from the rest in order to point or poke with it. He is able to coordinate where he places his finger with what he sees; so, he can use this finger to show pictures or objects. This is the beginning of Baby learning about placing one thing inside of another. Right now he puts his finger in the hole; later he'll put a peg in the hole or a block in a cup.

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3. Midline Play

- Infants first learn to pass objects hand to hand across the "middle" of the body;
- then they learn to make objects meet in the middle when held in fists;
- then they learn to make open hands meet in the middle (pat-a-cake).

8.6 P39 Combines spoons or cubes: Midline
(6-12) Explanation: When Baby bangs two objects together, it shows that she can hold on to two objects at once, and coordinate her arms and hands so that they meet in the middle in order to bang the blocks. She has to be accurate in order for the two objects to meet.

8.4 FM13 Bangs 2 cubes held in hands
(7-13) Same as Bayley P39, Combines spoons or cubes: Midline.

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PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so patient letting Bobbie have fun poking his finger in your mouth. That helps him learn to use one finger for pointing or touching."	Toy telephones, a peg board, books with peep holes, or uncapped plastic bottles offer Baby opportunities to poke and explore with her fingers.
"You did such a nice job of helping Clyde when he was learning to pass a toy from one hand to another that now he can bang two toys together."	Offer Baby small cubes or other similar objects to bang together. Show him the sounds the objects make when you bang them together and then let him try. Spoons, metal jar lids and bangle bracelets will make fun sounds when he bangs them.
"It's great the way you let Meredith lean against you when she sits on the floor. She feels so well balanced that she uses her hands to play with her toys."	Provide periods of time each day when Baby has plenty of back support, allowing her opportunities to use her hands without worrying about balance. Support may be provided by holding her in your lap or surrounding her with pillows.

6-9 months I. INFANT DEVELOPMENT
C. COGNITIVE
1. Manipulation: Awareness of Using Two Hands
2. Memory: Object Permanence

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

C. COGNITIVE

1. Manipulation: Awareness of Using Two Hands

- First, infants pick up only one block at a time. If they reach for a second block, they drop the first.
- Then infants learn to hold a toy in one hand and reach for another toy with the other hand.
- When holding an object in each hand, infants will drop one to get a third object.
- Then infants continue holding both objects, but can't pick up a third object.

6.1 PM10 Sit, takes 2 cubes
(5-8) Explanation: See Baby reach for the other block when she already held one? Baby knows that she doesn't have to let go of the first block in order to get the second one; she has a "second" hand that she can use to reach for it. She is beginning to be aware that she has two hands and is able to use them simultaneously. Baby can pick up and hold one block in each hand.

6.3 M76 Retains 2 or 3 cubes offered
(4-10) Explanation: Baby takes a cube with one hand and then simultaneously uses his other hand to take a second block. He now knows that both hands are full and he doesn't want to let go of either block in order to pick up the third block. Soon he will try to figure out a way to get a third block.

- Finally, infants find a way to hold two objects and still try to attain a third.

7.6 MB2 Attempts to secure 3 cubes
(5-14) Explanation: Baby has figured out that he can only hold one block in each hand and he must try a more complicated behavior to get that third block. Some babies try to scoop their two hands together to pick up the block, or try to get it with their mouths. (Note specific behaviors of child being tested.)

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2. Memory: Object Permanence

- First when objects disappear, infants become interested in a new toy.
- Then infants look at the place where the object was before it disappeared.
- Next infants look to see if they can find the place where the object fell.

6.0 M75 Looks for fallen spoon
(5-10) Explanation: This shows Baby's memory for objects. When Baby was younger, she looked only at the place the spoon or other toys disappeared. She knew that it was there and then was gone. Now Baby remembers that the spoon is still there, even though it has disappeared and she searches for it by actively looking on the floor.

5.6 PM49 Sits, looks for yarn (4-8) Same as Bayley M75, Looks for fallen spoon.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so tolerant to let Mona practice reaching by grabbing at your bracelet. She really wanted to hold it because it is yours. She says, 'Thanks for sharing, Mom.'"	Offer Baby a block or other small toy to her empty hand. At first she may drop what she is holding to reach for the new toy. Touch the empty hand with the object. A favorite, special, or unusual toy will entice Baby to reach for second object.
"Jonathan really likes the animal figures you gave him. He is trying to hold more than one."	Offer Baby an object small enough to be easily held with one hand. After he has explored the first object, offer a second object, encouraging him to use his free hand. If he drops the first object, verbally remind him to hold on to the object.
"You are so smart to give her two blocks and then offer Connie her favorite toy car. She really worked to shift the blocks so she could hold her car."	Offer Baby two similar objects then offer her a third object that is different. This will encourage Baby to try to hold all three. You may want to use soft squeezable objects that can be held by squeezing part of them or squeezing them between arm and chest.
"When you said, 'Oh-oh! Where did it go?', you encouraged Jeremy to look for his pacifier."	When Baby is watching, drop favorite objects and/or things that will make noise onto the floor. See if Baby looks; if not, help Baby lean over or pick her up so she can see it. Do it again. Repeat the activity several times.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver

2. Memory: Object Permanence (cont'd)

- Infants then learn to find objects they remember by doing more than looking: infants may pull the cloth off a toy.

8.1 M86 Uncovers toy
(6-12) Explanation: This is another way to look at Baby's memory. When a toy is covered with a cloth, Baby remembers that the toy is still there. The task is harder than the spoon, because Baby has to do more than just look in another place, she has to remove the cloth and then look for the toy.

- Infants learn to pick up an object that hides a toy underneath it.
- Finally they look for objects they remember even when they haven't seen those objects being "hidden," like a pacifier.

9.0 M88 Picks up cup: Secures cube
(6-14) Explanation: This also tests Baby's memory. Baby remembered that the toy was under the cup and knew how to pick up the cup in order to find the toy. Baby kept the goal of finding the toy in mind and removed the cup without becoming interested in the cup itself.

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3. Cause and Effect; Problem Solving

- First, infants learn to repeat an action that is interesting or feels good (sucking the hand).
- Next, infants learn to repeat actions that they discovered (by accident) can cause an interesting result in an object.

6.5 M78 Manipulates bell: interest in detail
(5-10) Explanation: Baby wants to figure out how the bell works, so he turns it around and looks at it from all sides. He wants to see what inside makes the noise.

- Then infants begin to remember that some actions always lead to results with objects.

7.1 M80 Pulls string adaptively: secures ring
(5-10) Explanation: Baby has figured out that when he pulls the string, he can make the ring come to him. He can use the string as a tool to help him do what he wants and solve the problem of how to get the ring.

- Later, infants learn to predict what will happen to an object because of their actions.

7.8 M83 Rings bell purposely
(5-13) Explanation: Baby knows that when he shakes the bell, it makes the noise. He is the one who can make it happen! Baby will try to make more things happen around him. It is important to help him learn that through his efforts he can change the world.

PRAISE FOR PARENTS	ENCOURAGEMENT
"When you lifted the napkins off the cup, you made it seem like a magic trick. Laurel loved it!"	Let Baby see a small toy held in your hand. At first, separate your fingers or lift them to let Baby see part of the toy. Then, close your hand and when Baby tries to peel your fingers away (at first just by patting your hand), open your fingers so Baby can find the toy.
"You've made the hiding and finding game just a little more difficult and challenging by using a box instead of a cloth as the cover."	With Baby watching, cover a favorite toy with cloth or paper and let Baby find the toy. If she has trouble in the beginning, let the toy be partially visible or use a toy that moves or makes a noise, such as a music box. Hide favorite toys or bits of food under a cup or box and let Baby find it. If this is too hard, try using a clear plaster cup. The go back to an opaque cup.
"You are so patient. You showed Edward how it worked and then gave him time to explore and figure it out for himself."	Offer Baby a variety of toys to explore and manipulate. Toys which respond to the Baby's actions are best, such as: toys which make noise when Baby shakes or pushes them (bell, rattle, chime ball); or toys with parts that move when Baby touches them (roly-poly clown, towers of paper cups you stack for baby to knock down). Allow Baby to explore and begin to figure out how things work. You may want to demonstrate for Baby.
"You gave Ashley a way to practice learning cause and effect when you tied a string around her toy dog. The string is also short enough that she couldn't wrap it around her neck and choke."	Tie Baby's favorite toys on a piece of yarn and model for her how she can make the toy come to her by pulling the string. Toys on a string that make noise when pulled are fun and demonstrate cause and effect. (Make sure string is not long enough to get around Baby's neck.)
"When you clap for Jason's discoveries, you encourage him to enjoy figuring things out and let him know that it's okay for him to make things happen."	Any toy where Baby can cause something to happen is useful here; for example, a musical roly-poly that makes a sound when Baby moves it, a mobile that moves when Baby touches it, or toys that squeak when squeezed.

6-9 months

I. INFANT DEVELOPMENT
D. LANGUAGE
1. Receptive Language
2. Expressive Language

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Receptive Language	
- Infants first listen to familiar sounds or syllables; - Next, infants begin to recognize often repeated words; - Then infants associate the word with what the word means.	7.9 M84 Listens selectively to familiar words (5-14) Explanation: Did you see Baby's face brighten when he heard me say, "Mama?" Baby is beginning to recognize those words that he hears around him most frequently, and his face lights up or his eyes widen. Usually Baby first learns to understand those words that have the most meaning to him personally, like mama, dada, ball, juice, bottle, etc. (Use a word the child knows; it may be necessary to ask the parent.)
2. Expressive Language	
- Infants first cry in different ways; - Then infants make vowel sounds: (ooh, ah); - Next infants combine consonants with vowels: (guh, da).	7.0 M79 Vocalizes 4 different syllables (5-12) Explanation: Listen to the sounds Baby is making! She is saying the same sounds she hears you say. Baby plays with her tongue and lips and experiments with the sounds she can produce. Gradually, she begins to repeat certain sounds that are like the sounds she hears when you talk to her and leaves out sounds that are not heard in our language. The "da" and "ba" sounds are easiest for babies to say. 7.0 L7 Imitates speech sounds (5-12) Same as Bayley M79, Vocalizes 4 different syllables.
- Infants repeat syllables in strings (buh-buh-buh). - Finally, infants begin to imitate actual words.	7.9 M85 Says "da-da" or equivalent (5-14) Explanation: Baby is able to combine sounds now. Instead of just saying one "da" or "buh," Baby is able to repeat this "word" or make it into a string like "dada" or "buh-buh-buh-buh." Baby likes to play with stringing sounds together and doesn't really use "dada" to mean daddy yet, even though Baby loves it when she sees that saying "dada" gets someone to play with her! Remember that the "da" sound is easier to say than the "ma" sound, so Baby may say "dada" when what she really wants is Mommy! 6.9 L6 Da-da or Ma-ma: nonspecific (5-10) Same as Bayley M85, Says "da-da" or equivalent.

PRAISE FOR PARENTS	ENCOURAGEMENT
"I can tell that you talk to Buddy and say his name often. Did you see him look up when you said, 'Buddy is a good baby!'"	Baby learns words that are repeated often. Make a habit of repeating names of people and objects. "Good morning, Leigh. Mommy is here." Are you hungry." Babies will <u>understand</u> the meaning of about 10 to 15 words before she will speak even one or two words herself. Naming things for Baby helps her understand words.
"Lee watched your mouth so closely when you make the "ba" sound he made. You do such a nice job of talking and making sounds for him."	Imitate the sounds Baby makes when he talks and tries to make different sounds. Let him see how happy you are as you repeat his sounds. Many babies practice making sounds when alone in bed before sleep or after waking. Give Baby some time alone to practice; don't feel you have to enter <u>every</u> "conversation." Let Baby watch your face as you talk. You may want to exaggerate your lip and mouth movements.
"You responded so quickly when Sue made that 'dada' sound she will soon start calling all people 'dada.'"	Sing and talk to Baby. She will like songs or rhymes that repeat words over and over. Provide quiet times during the day that the radio, TV, noisy fans, or air conditioners are not on so you and Baby can hear each other without background noise.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
E. SOCIAL	
- Infants first respond to others who talk or move; - Then infants learn to initiate or begin conversations by talking and moving first themselves.	6.2 M76 Playful response to mirror (4-12) Explanation: Baby has learned how to play simple games. He enjoys getting the baby in the mirror to play "I do it, you do it" when he smiles, shakes his head, pats the baby with his hand or kisses the baby.
- Infants first take turns by imitating another person; - Then infants learn to play one part in a game when another person plays a different role.	7.6 MB1 Cooperates in games (5-12) Explanation: Baby has learned how to play games where each person has a different role to play. Rather than just taking turns doing the same thing, now he knows "Mom does this," and "I do that;" like "Mom hides behind the book, I look for her, and she pops out saying 'Peep-eye'." 5.7 PS6 Plays peek-a-boo (5-10) Same as Bayley MB1, Cooperates in games.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Aren't you smart to have placed a mirror at Robert's level so he can see himself as he plays."	Talk to the Baby in the mirror. Play and laugh with the Baby in front of a mirror. Let her play with a favorite toy sitting in front of the mirror. Try clowning and making faces in the mirror for Baby.
"I can see by Caroline's happy face that she loves to play pat-a-cake with you."	Play games like "peek-a-boo," "so big," "pat-a-cake," "this little pig," "ride a horsey." Stop the game and see if Baby gives you any indication she wants to continue. See Appendix, pp. 246-247, for rhymes and finger plays.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage III. Developing Intentional Communication (3-10 months)

1. Infant Reciprocates Interactions

a. Baby increasingly responds to interactions.

- First responds by random movements or vocalizations.
- Then responses become more specific, e.g., answering a smile with a smile, a gesture with a gesture, etc.

a. Responds to parent's communications intentionally

Explanation: Look at the way Baby "answers" you when you play together! Baby isn't just randomly moving or talking. Baby is communicating that he understands your actions and he wants to answer and take his turn. Since Baby isn't talking yet, he communicates his answers to you by his actions, facial expressions, and his cooing and babbling. (Point out specific example observed. For example: When you went to pick Baby up, he started to kick his feet and wave his arms. That says, "I'm ready, Mom!") Baby then waits for you to take your turn.

Being able to answer and communicate with you is a sign of healthy emotional development because it shows that Baby understands that his reactions are important. Baby understands that the way he feels and acts is important to you and your relationship. He learns to appreciate differences in his own emotions and emotions of others.

b. Baby increasingly initiates interactions.

- First the infant cries to get attention.
- Then the infant learns different behaviors to get specific results: e.g., smiles to get an adult to smile; coos to get an adult to talk, etc.

b. Initiates communications with parent intentionally

Explanation: Watch how Baby tries to start a conversation with you! When Baby pats your face, (point out specific actions: babbles while looking at parent; stretches hand toward toy out of reach and squeals; etc.), she is telling you that she wants you to talk to her and play.

Baby has learned that her actions can get a response from you. This will help her develop emotionally because she will learn that her emotions can cause your emotions. For example, Baby learns that if she smiles at you, you respond with joy and smile back. Or if she looks at you and puckers her face, and you respond by comforting her, she learns that she can express sadness or discomfort without crying, and you will soothe her. Again, Baby learns to appreciate differences in her own emotions and emotions of others.

"You always help Anya learn that her answers are important in your games. Just now, when you wanted to play, 'This little piggy' with her, you called her name and then waited for her to look at you before you started. Waiting for her to look at you helps her learn how to express her interest in the game and take her turn."

"You do a nice job of helping Leon learn to tell you how he feels. When you showed him his bottle, you gave him time to 'answer' you. Then, as soon as he reached for it (opened his mouth, etc.), you started to feed him. You're showing him that what he does is important."

"What a great mom you are! When Beatrice lifted her arms to you, you picked her up right away. That helps her learn that she can tell you how she feels and you will help her."

"That's a great way to teach Frank that he can get you to play games. When he grinned at you, you started to play 'I'm gonna get you!' with him. He's learning that he can start a conversation and tell you what he's in the mood for, whether it's playing a game or going to sleep."

By reading and responding to each of Baby's signals, help Baby learn both that his reactions to your communication and also his attempts to start a communication with you are important in changing his world. Look for and respond to signals of all kinds, including happy, angry, bored, etc., giving appropriate reactions to different kinds of signals.

In order to observe Baby's responses or initiations, it may first be necessary to gain Baby's attention for interaction. Use the techniques you used before to determine what senses Baby prefers to use in paying attention to the world. Use these senses to gain Baby's attention and then shift his attention from the object to interaction with you. The purpose is not just paying attention but getting involved in interaction with people. For example:

- Use a music box and then sing or hum the tune to get Baby to listen to you.
- Dangle a bright red star and then move it close to your face to get Baby to look at you.
- Hold Baby on your lap and then snuggle closer when Baby nestles close to you.

For hypoarousable babies:

Respond to any behavior Baby performs. Observe to see what behaviors are easy for Baby to do and that he does most often. Then use these behaviors as a basis for interactions. If Baby opens and closes his hand, then use that as a signal to play another round of "I'm gonna get you."

For hyperexcitable babies:

These babies seem distractible and appear to overreact to every stimulus, with facial expressions and movements not related to any of your communications. First help Baby calm down and focus on you. Try just one type of signal (facial expression, voice, movement) and help Baby concentrate and respond to your actions while he stays calm and relaxed. You can then respond to Baby's signals of attentiveness by continuing a pleasant interaction.

For older babies, play a simple game that you know Baby enjoys, such as pat-a-cake. Use the game to help focus Baby's attention and then change the game slightly to keep the interaction. For example, play pat-a-cake with your hands, then pat-a-cake on your knees, etc.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage III. Developing Intentional Communication (3-10 months)

2. Infant is Able to Interact in all Emotional Areas

- Shows greater differences in behavior, expressing joy, pleasure, anticipation, desire to be held or comforted, anger, frustration, curiosity, wish to explore, etc.

Explanation: During our visit today I have seen Baby express many different emotions. He was a little afraid when I first came in and he hid his face in your shoulder. Then, he showed how happy he was by smiling when we played peek-a-boo. He showed that he was angry when I put the crayon away. He showed that he could be assertive and stick up for himself when he held onto the ring even though I tried to get him interested in the blocks. He showed that he was bored with the blocks when he looked away from them. (Use specific examples of Baby's behavior: curiosity, joy, sadness, etc.)

Being able to express a wide variety of feelings is a sign of healthy emotional development. Knowing how we feel helps us to handle those feelings. Being allowed to express those feelings is important for Baby's development.

3. Infant is Able to Perform Activities Combining Different Senses or Actions

- At first, infant looked or listened or sucked.
- Then combined looking with listening, sucking with looking.
- Now combines looking with reaching, banging with babbling, etc.

Explanation: Baby does a nice job of combining her actions and activities! When she bangs the blocks on the table and babbles at the same time, she shows that she can coordinate the activities of two senses into a purposeful pattern. (Point out specific actions.) As she gets older, she will create patterns and activities that will be more complex and require even more combinations of activities. This will help her experience life to the fullest and express her feelings.

PRAISE FOR PARENTS	ENCOURAGEMENT
"What a patient mother! You allow Misty to express all her feelings even though you've said you don't like it when she shrieks. The important thing now is that you let her show you that she's mad because she can't reach the dog she wants. Help her learn to use her energy to push the box out of the way so she can get the dog."	Watch Baby's facial expressions and movements closely. When you notice that Baby expresses a feeling like surprise (eyes open wide), sadness (bottom lip sticks out), happiness (smiles), etc., tell Baby in words with an appropriate tone of voice that you recognize his feelings. For example, "Marvin, are you surprised to see the Jack-in-the-box pop up?" This helps Baby know that it is okay to have and express a variety of feelings.
"You are so respectful of Ron's feelings. Even though you were still enjoying reading the book, you saw that he was bored and ready to play something else, so you let him play with the blocks."	
"Your game of saying 'beep-beep' when Ashley pats your nose is a good way of helping her to learn to coordinate listening with touching. It teaches her to put two activities together."	Choose an activity that Baby does best and enjoys doing. Gradually add on other activities that involve different sense or motor skills. Some examples include: - Allowing Baby to ring a bell while sitting in a high chair. Place the bell to Baby's right and left sides to encourage reaching. - While Baby is lying down, place a music box to the right or left side of Baby to encourage rolling over. Later, place it on a sturdy chair or low table to encourage Baby to pull to a standing position. - Bounce Baby on your lap. Add a simple word in a sing-song voice, like "bouncy, bouncy, bouncy." Stop and wait to encourage Baby to vocalize or say, "Ba."

ISSUE	APPRAISAL
ISSUES FOR PARENTS	
1. Fears and Feelings -- The Individual Parent	
a. Emotional reaction to birth of a high-risk infant	
(1) Reactions to pregnancy and childbirth experiences of others: envy, resentment, feeling left out.	Is the parent able to recognize and accept possible negative feelings toward the childbirth experiences of others? Ask: "Have any of your friends been pregnant, or had babies recently?" "How do you feel when your friends talk about their pregnancies?"
(2) Parents' attributions of infant behavior and characteristics to high-risk birth.	Is the parent able to discriminate between characteristics of the child which may result from the high-risk birth and those which are due to the child's individual makeup? Ask: "Are there things Baby does that you feel are a result of her stay in the NICU?" "Do you find yourself wondering if Baby does _____ (cite specific behavior) because he was preterm?" for example: act afraid of strangers

LISTEN	INFORMATION AND SUGGESTED ACTION
"My friends at work all started talking about their last months of pregnancy -- not being able to move, baby showers, Lamaze classes. I didn't have any of that."	Assist parent in seeing that the early months were so full of child care that she may not have had time to reflect on pregnancy. Now that the child is out of crisis, parents may realize feelings of envy, resentment, or disappointment when other parents describe the birth experience.
"My sister's baby was 3 weeks early and only stayed in the hospital 5 days. She keeps saying she had a premie too and doesn't see what's so hard about it. She doesn't understand it's not the same as Evan who was 2 months early."	Encourage parent to discuss her feelings at a support group or by calling another mother she may have gotten to know during her baby's stay in NICU.
"It seems like everyone is having babies and is having such a good time. I want my next pregnancy to be like that, too."	Help parents to identify other instances where they may have missed part of an event, but were not prevented from having a good experience. Encourage them to appreciate their individual experiences. Discuss with parents the implication of having another child, with special attention to the increased risk of having subsequent preterm infants, potential need for bedrest, and resulting difficulty of caring for infants at home.
"Whenever the garbage collectors bang the trash cans, Kelly jumps a foot. I wonder if this is because NICU was so noisy."	Suggest that parents spend time with full-term infants and their parents to observe characteristics that all infants show, regardless of birth status.
"Les has never been a very happy baby. Do you think it's because of what he went through when he was in the hospital so long?"	Recommend that parents read a good source book on infant development, reminding them to use adjusted age as necessary.
"Vikki still can't sleep unless the light is on. I don't think she'll ever outgrow that nursery experience."	Help parents to identify behaviors which are due to the infant's temperament rather than developmental level. Encourage parents to see individuality in each other as well as in the infant, and to appreciate those qualities as reflecting basic human differences.

ISSUE	APPRAISAL
1. Fears and Feelings -- The Individual Parent(cont'd)	
b. Concerns about health/development: Parents express concern related to specific milestones, especially at this age: - crawling - drinking from a cup - playing peek-a-boo.	Does the parent's concern that their child reach a certain developmental milestone affect caregiving or nurturance? Observe: - When parents are asked routine questions regarding milestones, do they respond with high anxiety, ambivalence, or lengthy explanations about why the child has not attained the milestones? Ask: "Is Baby crawling yet?" "How is feeding going?" "Is Baby drinking from a cup?"
c. Parents' concerns about their ability to care for a high-risk infant: Parents' feeling burned out, exhausted, depleted of energy.	Do the parents feel as though their efforts at childcare are worthwhile? Are the parents enthusiastic about caring for the child and learning together, or do they seem depressed and approach child care as a burden? Ask: "Do you feel like taking care of Baby is getting easier or harder than when you came home from the hospital?" "Do you ever sit back and wonder if all the effort you put into Baby is worth it?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I keep waiting for Cleta to crawl. My sister's baby is two months younger and she's been crawling for a month."	Remind parents to correct for prematurity in viewing Baby's development, using adjusted age (time since baby's expected due date) rather than chronological age (time since birth).
"Annie can't drink from a cup. He just opens his mouth and lets it all dribble down his chin. I can't decide whether it's because he doesn't like the juice or he isn't ready to give up the bottle or it's the wrong kind of cup or maybe something else."	Caution parents against comparing their child to others. Each child develops at his or her own pace. Emphasize that skill areas are independent of one another; babies do not progress through motor, mental, social, or language skills at the same rate. Baby's interest in achieving skill in one area may overshadow interest in another area. Reaffirm Baby's strengths through demonstrations/assessment. Explain to parents whose infant has experienced illness or rehospitalization that developmental progress may temporarily be slowed. Recently acquired skills may be lost since the infant's energies are directed toward healing or recovery. Listen for recurrent themes or worries that parents have previously indicated as a source of concern. For persistent concerns, encourage parents to consult specialists in the area. See p. 249 for questions to ask when choosing a therapist.
"I feel like Anita has been a little baby forever." "All I do all day is change diapers and feed Kyle, and I'm worn out at the end of the day." "Even though I'm so tired of getting up every night when Lelo cries, I know it won't last forever."	Help parents realize the extra effort that parenting a high-risk infant takes. Caring for a baby is demanding for anyone, but especially for parents of high-risk infants. Reassure parents that care for a tiny infant places the greatest demands on time and sleep, and in physically holding the infant. High-risk infants are like tiny babies for longer periods than healthy, full-term infants. Together with parents, identify developments by the baby that will make care easier: e.g., sleeping for longer periods, increased ability of infant to calm self, etc. Encourage parents to relate their caregiving efforts to the infant's skills, and help parents to see the rewarding value of the infant's attachment to them, e.g., smiling, recognizing the parent's voice, etc. Inform parents that there are periods in infant development that may not appear to have major milestones, like sitting or crawling. Point out to parents the importance of developments that lead to gross motor milestones, such as improved trunk control. (E.g., the infant bringing toes to mouth is a form of practicing sitting; See assessment for further examples.) Also, make evident to parents the importance and accomplishments in other areas, such as fine motor, language, and cognitive skills. Use assessments to demonstrate accomplishment of skills.

ISSUE	APPRAISAL

1. Fears and Feelings -- The Individual Parent (cont'd)

d. Parent-child interaction:
Parents' expectations and reactions to baby's changing behavior.

(1) Skills emerging at this time:
- crawling
- pulling over trash can, plants
- stranger anxiety.

(2) Special concerns:
- external rotation of hips
- hearing screening.

Does the parent have realistic expectations of what is considered appropriate behavior for a child of this age?

To what extent is the parent able to view infant behavior as a normal part of development rather than as an attempt to anger or irritate the parent?

Observe:
- When parents make statements about the infant, do they focus on negative ways the child makes them feel, rather than on objective descriptions of the child's behavior?

- Does the parent appear to feel harassed, overly annoyed, agitated, or anguished over Baby's behavior?

- Does the parent describe the infant in negative terms or using negative labels rather than describing behavior?

- Does the parent frequently use phrases like:
  . "He's out to get me."
  . "She tries to make me mad."
  . "He doesn't like me."
  . "I can't win."
  . "Baby is _____": bad, mean, selfish, spoiled, going to be trouble, etc."

LISTEN

INFORMATION AND SUGGESTED ACTION

"Lottie is already getting into things -- she's pulled over the trash can every night. She's too nosey for her own good -- and I get stuck cleaning it up."

"Marshall is spoiled rotten. He cries when anybody else comes near him. I can't stand being stuck with this baby all the time."

"Those 'frog legs' of Murray's look so funny. I sometimes think people look at me to see if I walk that way."

Assist parents in developing realistic expectations regarding age-appropriate behavior. This can be done through:

- demonstrating the infant's abilities through activities, games, or assessments.
- suggesting child development books, workshops, parenting classes, newsletters on infant development, magazines, etc. (A sample newsletter, "Baby Talk," from the First Years Together Program is contained on p. 253, in the Appendix. Additional copies may be obtained by contacting Project Enlightenment, 501 S. Boylan Ave., Raleigh, NC 27603.)
- encouraging parents to spend time with other families who have infants of similar ages (or adjusted age if premature).

Help parents prepare for upcoming developmental changes in the infant so that they may anticipate effects on the relationship.

Encourage parents to respond to the infant's behavior by analyzing what the infant is doing and by trying to "put one's self in the baby's place." Aid parents in describing the child's behavior, rather than by interpreting the child's motives as attempts to provoke anger, irritation, etc.

ISSUE	APPRAISAL

2. The Parent as Part of a Larger System

a. Couple concerns:

(1) Marital dissatisfaction may become evident.

Is the couple experiencing marital dissatisfaction to the extent that professional counseling should be recommended?

Ask: "How are you and your husband (boyfriend) getting along?

Observe:
- When asking about Baby's sleep habits, does the parent's answer make reference to the relationship?

Ask: "How is Baby sleeping?"

(2) Another baby?

Is the couple considering having another child?

Observe:
- Many women may mention this issue spontaneously.

Ask: "Are you thinking about having another child sometime soon?

"Have you talked with your health care provider about the risk of having another preterm baby?"

LISTEN	INFORMATION AND SUGGESTED ACTION

"Nadia is well, and I thought that Tom and I could spend some time with each other having fun. But all we seem to do is argue."

"Now that the crisis with Todd is over, it's nice to have time with each other."

"Merrie still isn't sleeping through the night and my husband gets made at me. We seem to argue about it all the time -- and it's ruining our sex life."

"Leonard used to visit Lennie every day, but he doesn't come around much anymore."

Inform the parents that once the crisis with the infant has lessened, couples have time to focus on their relationship. Problems, difficulties, or disagreements which occurred prior to the baby's birth frequently resurface, and may be made worse by the stress of parenting a high-risk infant.

Prepare parents for the possibility of seeking professional help by relating that many parents of high-risk infants have found counseling to be helpful. Explain that the birth of an infant causes stress in any relationship, but a high-risk infant adds additional strain on a marriage (relationship). While couples might be able to work out problems on their own in less stressful circumstances, this process may be facilitated by a neutral third party, such as a social worker, marriage counselor, or a minister.

In the case of an unmarried woman, the relationship between her and the baby's father may be weakened. The father may perceive himself to be unnecessary to the child, now that he or she is healthy. As a result, the child's father may distance himself from both the child and the mother.

"Natasha is at the age where she is enjoying other children more, so we have started thinking about a brother or sister for her."

"We would like to try having another child. I want to see if I can have a full-term, healthy baby."

Parents want to have additional children for many reasons. Help parents examine their motives and decide whether they want a baby for its own sake or to meet some other needs.

Some couples may want to have another child out of a desire to experience a "normal" birth and delivery. This may reflect a need or wish to "do it right" on the part of the individual parent or in the belief it will bring the couple closer. Help them to see that child-rearing is the measure of parenting, not childbearing.

"I really wanted a baby to hold and snuggle. Now Marcus wants to crawl and walk. I miss that 'baby' stage."

This is the time when the child's increasing mobility and independence create awareness for the parent that the child is no longer a "baby." Parents may miss the physical closeness of an infant. Help parents find other ways to satisfy these needs, such as:

- rock Baby while he is asleep.
- read with Baby on your lap.
- playing games like "Where's my eye?" "Where's your nose?" encourages closeness.

Highlight the positive aspects of toddlerhood.

ISSUE	APPRAISAL
2. Parent as Part of a Larger System (cont'd)	
a. Another baby? (cont'd)	
b. Sibling issues:	
Sibling rivalry recurs when infant begins to crawl or becomes mobile.	Is the parent understanding of the recurrence of sibling rivalry and handling it appropriately? Ask: "What does Sibling (use name) think about Baby crawling?" "Do Sibling and Baby play together for short periods of time?"

LISTEN	INFORMATION AND SUGGESTED ACTION
	One assumption may be that children born close in age will get along and be playmates. However, age differences do not determine how well siblings interact. Inform parents that having one high-risk infant increases the likelihood they will have another. Special precautions during pregnancy will be necessary. Encourage parents to consider how bed rest, morning sickness, etc., will affect the care of this child.
"I thought I was all through with Tommy being jealous of Joey, but it seems like it's starting all over again." "They play together, but I have to watch Allen closely. He gives things to Joy he knows she's not supposed to have."	Inform parents that the reoccurrence of sibling rivalry is common when the infant becomes mobile through rolling, crawling, or walking. Siblings may feel that their territory is being taken. Help parents find ways to protect the older child's privacy and possessions, such as: - allowing siblings to play with toys having small pieces in their rooms (rather than not permitting the toy at all). - giving the older child some play time with age mates and parents without the infant present. - help siblings feel a part of Baby's new achievements by praising them for appropriate interactions with the infant. Remind parents that some sibling rivalry will alwyas be present. Be certain to spend some "special time" alone with each child for a few minutes every day. Some possibilities include a bedtime talk, afternoon storytime, a daily walk, etc.

CHAPTER 8

9 - 15 MONTHS

The infant's journey through the first year brings a variety of memories and feelings to parents, some joyful, some sad, and some bittersweet. While the parents of healthy full-term infants approach the first birthday with anticipation and gladness, parents of high risk infants may suffer a lack of excitement, or even heightened anxiety. For the latter group, the memory of the birth and hospital stay includes the apprehension, worry, fear, and guilt they may have felt at that time, or unexpected flashbacks. Professionals can provide reassurance that these emotions are common among parents of high-risk infants and help parents to focus on the positive gains that have been made as well.

Parents may feel that the child is no longer a little "baby" and question their caregiving role. They may feel inadequate as the child begins to walk, increasingly explore the world, and exercise a growing autonomy. Some parents respond to these changes by becoming overly restrictive at a time when the child needs to have freedom to develop an organized sense of self. Professionals can help parents identify appropriate limits for children while providing an environment which allows the development of complex behaviors.

The child's world is broadened not only by their physical ability to move and manipulate objects, but also by their thinking patterns. The child experiments through trial and error to discover as much about the world as possible, such as: what rolls when pushed, what can be lifted and thrown, what objects fit inside other objects. The child begins to recognize common objects and their uses, such as a telephone, pencil, or book.

The growth of knowledge is also enhanced by the infant's developing skill of imitation. The child keenly observes parents and others and copies their behaviors. Besides learning skills, like how to open or close the door, the child learns to associate people with their possessions (Dad's hat), or their actions (handing Mom a cup to be refilled).

The child begins to imitate words, too, although the pronunciation may not be perfect. Responding to what the child is trying to say, the effort to communicate, is most important for parents, as the child expectantly waits for a reply. The child is becoming more aware of the effect of their actions on others and watches to see if parents are pleased, laughing, or angry.

As children attempt to pursue their own interests and define who they are and what they want, parents can help to give them a healthy self concept. By helping children to be competent and successful in small ways, such as asking for and receiving a glass of juice or stacking blocks into a small tower, parents give children the feeling that their actions are valued and worthwhile. When children feel good about what they do, they feel good about who they are. Professionals can assist parents in this task by providing guidance, support, and reassurance.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item number on Bayley or Denver
1. Walking and Standing	
- The infant first pulls to standing, supporting most of his own weight. - Next, the infant begins to bounce up and down, bending the knees. - Then the infant begins to walk by holding on to the furniture for support.	9.6 P42 Walks with help (7-12) Explanation: Look at Baby cruising along the chair! She has gotten strong enough to walk with only a little support from you or the furniture. Your support is necessary because she isn't quite strong enough to walk yet, and also to help her keep her balance. See Premie Note below. 9.2 GM13 Walks holding on furniture (7-13) Explanation: Same as Bayley P42, Walks with help. See Premie Note below.
	PREMIE NOTE: It is important to observe how the child is standing. If the infant is consistently standing up on the toes, this may suggest increased tone or poor balance. If observed, call to the attention of a physical therapist or physician for motor evaluation. Once the child is pulling to stand, the parent no longer needs to discourage standing as before.
- The infant stands using furniture for support; - Then uses the furniture less for support, bears most weight on legs; - Lets go of support momentarily; - Stands alone briefly, but falls if trying to turn.	11.0 P45 Stands alone (9-16) Explanation: Baby can stand all by herself. Her legs have gotten strong enough to support her full weight, but balancing is still hard for her. She can balance for a few seconds, but falls easily if she leans or turns. Soon her balance will improve enough for her to stand for longer periods. 9.8 GM14 Stands momentarily (9-13) Explanation: Same as Bayley P45, Stands alone.
- Stands alone well; can move upper body.	11.5 GM 15 Stands alone well (9-14) Explanation: Baby stands so well that she doesn't need much support now. She is able to keep her balance even when she leans or moves. Look at Baby twist the top of her body to the right or left; she'll be walking soon.
- Infant first walks when holding on to furniture; - Then infant can balance and walk alone, but falls often.	11.7 P46 Walks alone (9-17 Explanation: Watch Baby walking (at least 3 steps) all by herself! Babies walk with their arms outstretched, a few steps at a time, until they get their balance. Then she'll hold her arms lower and closer to her body. She will learn to walk, turn around, and finally to stop by herself instead of falling into your arms! Once she's mastered walking, she'll enjoy carrying toys as she walks.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are such a good judge of Christie's abilities. You put the toy she wants just far enough out of her reach to encourage her to take a few steps."	Place toys up on the couch, chairs, or coffee table to encourage Baby to stand next to the furniture and walk along, collecting the toys. Peep over one side of a low table with Baby on the other side. As you move along the table, encourage Baby to walk along on his side of the table.

* * * *

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
	PREMIE NOTE: Premies who have shown "extension" or straightening of the legs instead of bending may have a tendency to walk on tiptoes. If observed, call to the attention of a physical therapist or pediatrician for motor evaluation.
- Walking improves so that infant can turn without losing balance.	12.1 GM17 Walks well (11-15) Explanation: Baby is walking very well now. She has learned how to keep her balance when she walks so that she hardly ever falls. Her balance will keep getting better so that she can walk steadily around turns, sideways, and backwards.
- The infant can walk sideways.	14.1 P49 Walks sideways (10-20) Explanation: Look at Baby sidestep along. This requires greater balance and coordination on her part than simply walking forward.
- The infant walks backwards.	14.6 P50 Walks backward (11-20) Explanation: Baby can walk backwards! This is more difficult than walking forward or sideways and requires a new coordinated effort. 14.3 GM18 Walks backwards (12-22) Explanation: Same as Bayley P50, Walks backward.
2. Changing Positions. The infant develops greater control over leg muscles and movement.	
- At first, when standing, the infant drops or falls into sitting; - then the infant controls the muscles and can lower self smoothly into sitting.	9.6 P43 Sits down (7-14) Explanation: Baby is able to sit down so smoothly! This shows the strength that Baby has developed and the good control he has of his muscles. He has the control to lower himself slowly to sit down, instead of an all-at-once "fall" to the ground.
- The infant can stoop to touch the floor and stand again. - The infant can raise self to standing without using any supports.	11.6 GM16 Stoops and recovers (10-15) Explanation: Look at Baby stoop and stand up again! Baby has developed strong muscles to slowly lower himself down and then push himself back up using only his legs. It also takes good balance to adjust to squatting and then rising without falling. Baby no longer needs supports to help him rise to standing.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Tommie is certainly enjoying her new walking skills. You have done such a good job making the house safe for her to practice her walking!"	Now that Baby is walking, he needs maximum opportunities to walk and explore his environment. Recheck the house for safety. Look for things that can be pulled over on him and furniture that can be pushed against cabinets enabling him to reach dangerous objects. Playpens are no longer necessary and will certainly frustrate your toddler! He needs plenty of freedom to walk and explore safely. Expect falls and bumps during the learning time. Babies are very sturdy and are designed to take bumps and falls with minimal damage. Watch for Baby's reaction before rushing to her aid. A simple "Uh, Oh, fall down, try again" may be all the encouragement she needs to continue on her way. Offer Baby a pull toy, small wagon or baby stroller to push and pull in her play. Play games and dance, moving backward, forward and from side to side.
"Bob is really learning to sit without falling. You've done a good job letting him practice. I know he's had to fall a lot to learn."	Help Baby practice sitting down when he is in his crib. Using the crib rails, help him learn to hold the rails and lower himself to his bottom, sliding his hands down the rails. Baby should squat first, then move to a sitting position.
"You chose a good size ball for Lydia to use. When she tries to reach the ball, she is learning to stoop."	Encourage Baby to bend at her waist while sitting on a low (3-6 inches high) chair or stool. Place interesting toys within her reach to bend and pick up. When Baby has mastered this, encourage her to bend at the knees and stoop for objects. Play ball with her. Use a large ball at first, gradually reducing the size of the ball.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
- The infant can raise self to standing without using any supports.	12.6 P47 Stands up: I (9-18) Explanation: Let's watch how Baby gets to standing. Now he is rolling to his stomach and pushing himself into a stand. He no longer needs furniture to help him pull to a stand or help him balance; he has the strength and balance to do it himself. Later Baby will roll to his side and then stand; and eventually Baby will be able to sit up directly from lying on his back and stand.

3. Use of Arms

- First the infant is able to bring hands together while in fists (or holding toys). - Then infant brings hands together with open hands	9.7 P44 Pat-a-cake: Midline skill (7-15) Explanation: Look at Baby play pat-a-cake! Baby enjoys the game, but this is also a way to look at her coordination and control of her arms. It requires that Baby bring her shoulders forward and make her hands meet in the middle. It is harder to make the hands meet when the hands are outstretched than when they are closed in fists or around toys. See Premie Note below. 9.1 PS9 Plays pat-a-cake (7-13) PROFESSIONAL NOTE: Although this item is included in the Personal-Social category (see p. 212) and may be passed by the child performing any game, the specific game pat-a-cake does serve as an indicator of neurological well-being. See Bayley P44, Pat-a-cake, Midline Skill (above and Premie note below.

PREMIE NOTE: Premies may show retraction of the shoulders, which makes it difficult for them to bring their hands forward to meet at midline. Infants who continue to show retraction should be referred to a physical therapist or physician for motor evaluation.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Look at how Peter will try to stand when you hold the ball over his head for him to reach!"	Place Baby in the middle of the room where there is nothing to pull up on. Hold a fascinating toy over his head, enticing him to pull himself to stand. When Baby is sitting and lifts his arms for you to carry him, help him learn to stand. Guide him onto his hands and knees and then into standing.
"You really encourage Mavis to play with you by how much you enjoy the game, too." "You are so patient."	With Baby facing you, play Pat-a-cake with Baby. Model the game for Baby. Also clap and show pleasure when she makes an effort to get her hands together. You may change the game by giving Baby a toy to hold in each hand and encouraging her to bring them together. Gradually, give the infant only one toy to hold, then no toys.
	Place a small amount of powder, lotion, or soapsuds on Baby's hands and encourage her to rub her hands together.
"You do a nice job or curving Jason's shoulders forward. That helps him use his hands."	If Baby shows retraction, sit him on your lap, using your body to help support his shoulders and curve them inward as you play Pat-a-cake.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
- The infant first drops the ball behind the shoulder or straight down. - Infants then learn to toss the ball forward.	13.3 P48 Throws ball (9-18) Explanation: Look at Baby throw the ball forward! At first, babies can only drop the ball or let if fall behind them, but it takes more coordination to throw the ball out in front of the body. Baby will not be able to aim the ball when he first throws it, but as he gets older he will be able to throw further and with more direction. 11.6 PS10 Plays ball with examiner (9-16) PROFESSIONAL NOTE: Although this item is included in the Personal-Social section of the DDST, it may be used to evaluate the motor skills of the child as in Bayley P48, Throws ball (above) where the child actually tosses the ball. However, to pass the item as a personal-social skill, the child need only roll the ball back and forth with the examiner. (See Social, p. 212.)
B. FINE MOTOR/PERCEPTUAL MOTOR 1. Grasping - Infant first grasps tiny objects with several fingers opposed to thumb; - then uses thumb and forefinger grasp.	10.7 FMA15 Neat pincer grasp of raisin (9-15) Explanation: Look at how Baby picks up the raisin using just the tip of his thumb and forefinger. This "pincer grasp" or pinch allows Baby to pick up very small objects. It also allows Baby to twist dials or knobs and to control precisely where they place tiny objects.
2. Voluntary Release: "Letting Go" - Infant first releases objects when distracted; - then learns to release when desired;	9.4 M90 Puts cube in cup on command (6-13) Explanation: Baby is developing the idea of putting one thing inside another. She will be fascinated by this game. Baby may hold the block over the cup and not let go or may drop it in. Letting go of an object is harder for Baby than grasping it. At first Baby may not be able to control where she lets go of the object, but later she will become more accurate.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Laura and her dad really enjoy playing ball and you are a great short stop, Mom."	Offer Baby a variety of balls of different sizes to play with, some large enough to hold with both hands, some small enough to hold in one hand. Use different textures, too, such as foam balls, hard rubber balls, fabric balls, etc. Playing ball with Baby is easier with two people: one person sits behind Baby and one person stands in front of Baby and encourages her to throw the ball. Siblings enjoy this! Begin with a large light ball, such as an inflatable beach ball, to make the game as easy as possible.
"Watch how Ron tries to pick up his truck by the string. You were so smart to tie the string to his favorite toy. He is practicing using his fingers when he tries to pick up that string."	Give Baby opportunities to practice picking up small objects such as O cereal, small cubes of cheese, and small bits of bread. Place one or two pieces at a time on his tray. Offer Baby pull toys with a string attached. Encourage him to pick up the string with the tips of his thumb and forefingers.
"You show so much appreciation when Sidney brings you a toy. You encourage him to let go when you offer the toy back to him right away."	Ask Baby to show you his treasure. Hold out your hand and admire and appreciate his toy and then give it back to him. Let Baby squeeze several soft objects, such as your hand, a soft sponge, squeak toys or play dough (do not let him put this in his mouth). Let Baby feed himself with his hands even though he will be messy. This helps him practice letting go of objects when he puts them in his mouth.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
Infants gain increasing control over releasing objects. - they perform the action repeatedly; - they become more accurate in their release.	11.8 M100 Puts 3 or more cubes in cup (9-18) Explanation: Look at Baby putting the blocks in the cup. Baby is able to let go or "release" objects more easily now and can control her movements well enough to get several blocks in the cup. She also shows that she understands that she is to put more than ONE block in the cup. 12.9 M107 Puts beads in box (6 of 8) (10-17) Explanation: Watch Baby placing the beads in the box. It demands good eye-hand coordination to position the beads over the small hole and to let them fall exactly where she wants them. The smaller the hole, the more precise Baby's movements have to be to get the objects in the hole. 13.8 M111 Builds tower of 2 cubes (10-19) Explanation: Watch Baby stack the 2 blocks! Baby has to control her movement carefully in order to release the top block in exactly the right place to line up with the bottom block. She has learned to match her movements to the position of the block so the tower will balance instead of fall. 14.1 FMA17 Tower of 2 cubes (12-20) Explanation: Same as Bayley M111, Builds tower of 2 cubes. 14.3 M114 Puts 9 cubes in cup (11-20) Explanation: Baby put ALL the blocks in the cup! This is hard to do because Baby has to understand the idea that "all" the blocks go in, not just some of the blocks, and she has to balance them carefully so that they all fit. It requires good coordination to place all the blocks so that the pile does not fall.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You are so creative! You have found so many types of containers for Kay to play with. She is learning and enjoying her play at the same time."	Offer Baby small but safe objects such as blocks, spools, clothes pins, large snap beads to put into a container. An empty can that makes a sound when the object hits the bottom might be an incentive.
"Taking turns putting clothespins in the bag is a good game to play with Miguel. When you take a turn, it keeps his interest and gives him a chance to rest."	First offer Baby containers with large openings such as boxes, waste baskets, buckets, or bowls. Gradually offer containers with smaller openings, such as plastic glasses, paper towel tubes, etc.
"You have made great blocks out of the boutique tissues boxes. Judy is doing such a nice job of stacking."	Baby may learn to stack using large objects first. Large block buster blocks or empty tissue boxes are fun for Baby to play with. Plastic freezer containers make good blocks. When Baby learns to stack, she will be able to use smaller and smaller objects. Blocks that are different colors offer contrast and enhance the object of the game.
"Owen thinks it is funny when you hand him his blocks so fast. You really enjoy playing with him."	Baby must learn to place "all" the blocks in the cup. Offer Baby a variety of objects and containers (see M90) encouraging Baby to put them "all" in the container. Baby will often want to take the blocks out of the cup before you finish the task; offering the blocks quickly discourages this.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
1. Perceptual Motor; Manipulation	
Manipulation skills of touching, grasping, turning are used to fit two objects together. - First the infant poked her finger in and out of holes; - Then puts objects in and out of holes and containers. - Infant first matches like shapes; - then fits shapes together.	13.0 M108 Places 1 peg repeatedly 10-17 Explanation: Baby showed good coordination when she placed the peg in the hole. She understands the concept of fitting the peg inside the hole. She is satisfied now to put one peg in and out, but as this becomes easier, and as she learns the concept of ALL, she will put all the pegs in the board. 13.6 M110 Blue board: places 1 round block (10-20) Explanation: Baby understands how to match the shapes, the circle with the round hole. By putting the block inside the hole, Baby shows that she knows the block fits inside the hole, and she has the coordination to make it fit. Puzzles with round pieces are the easiest because the round block fits no matter which way it is turned. Later, Baby will learn how to turn square pieces or other pieces or other shapes to make them fit the holes. 14.6 M115 Closes round box (10-20) Explanation: Watch Baby put the top on the box. She has learned that containers can be closed with lids and enjoys taking the lids off and putting them on. Baby must carefully match her movements so that the lid fits exactly over the box in order to close it. Round boxes are easier because the lids fit no matter which way they are turned; square boxes are harder because the lid has to be turned the right way.
2. Memory; Object Permanence	
- At first the infant thought about objects only when looking at or touching them. - Next the infant looked for objects when they fell or moved out of view. - Then the infant learns to move or manipulate barriers in order to find the hidden object.	9.0 M88 Picks up cup; secures cube (6-14) Explanation: Baby found the block right away! He remembered that the block was there, even though he couldn't see it and used his ability to manipulate objects to pick up the cup so he could get the block. 10.5 M96 Unwraps cube (8-17) Explanation: Baby knows how to find the toy! He remembers that it is inside the paper and understands how to take off the paper to find the toy. 12.0 M102 Uncovers blue box (9-17) Explanation: Baby remembers that the toy was hidden in the box and knows how to find it! He is able to manipulate the box well enough to remove the top and find the toy.

PRAISE FOR PARENTS	ENCOURAGEMENT
"The cans you covered with contact paper have made Teesa a great nesting set. She is learning to fit one object into another."	Offer Baby toys that fit into each other, such as nesting cups or people into a car. Make a peg board using a cardboard egg carton and round slotted wooden clothespins. On the bottom of the egg carton, cut 3 or 4 of the centers out of the dividers. Make sure the clothespins fit easily into the holes. (This toy requires adult supervision.)
"When you encouraged Warren, he tried even harder to fit the block into the container."	A tennis ball and muffin tin make a simple puzzle for Baby. Commercial shape boxes with several shapes can be simplified by covering all the shapes, except the circle with tape. As Baby gets older, uncover the other shapes.
"You have provided Dee with such fun containers to open and close. It took some time to find all these boxes!"	Find containers around the house with 'easy-on' lids that Baby can safely play with. Round boxes are easier for her because the lids do not have to be turned a certain way to fit. Pots and pans are easy for Baby to cover with lids.
"When you made the toy squeak, it encouraged Marcus to look for the toy. Aren't you smart!"	Play games with Baby, hiding a toy under a cup, diaper, or paper. If Baby has difficulty at first, try hiding the toy under a clear glass. When she can do this, use an opaque cup.
"You are so observant, you realized that Anita was ready for a harder game and wrapped the toy in the diaper instead of just laying the cloth over it."	Continue to hide toys under a blanket or diaper but make the game harder by wrapping the toy inside, at first very loosely, or with a transparent cloth.
"Juan likes to search for the toy you hid. You really know how to keep his attention."	Using containers found around the house, hide a toy inside the box and let Baby find it. If he loses interest, shake the container to remind him where they toy is.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver

3. Imitation

Imitation shows that the infant can form a mental idea of actions observed and store the idea in memory.
- At first, infants imitate behaviors immediately after seeing them;
- then infants remember ideas and may perform the action hours or days later.

Infants use imitation to learn:
- ways to hold and use tools;
- how to play with toys;
- how to treat other people (or dolls);
- how to solve problems;
- how to perform everyday tasks.

9.7 M92 Stirs with spoon in imitation.
(8-15) Explanation: See how Baby tries to stir with the spoon? She watches what I did, remembers it, and then tries to do the same thing. Copying another person's behavior requires Baby to use her memory and to match her behavior to the model's. Baby already knows how to reach for and hold the spoon; now she learns how to use those skills as part of a more complicated pattern. Baby is starting to play at combining two objects: e.g., spoon and cup.

10.4 M95 Attempts to imitate scribble
(7-15) Explanation: Look at Baby trying to write! She is trying to copy what I do. It really doesn't matter to her yet whether she marks on the paper or not; the action of getting the crayon and paper together is what she copies. Some children even pick up the paper and bring it to the crayon. Next Baby will learn how to hold the crayon to make a mark.

11.2 M98 Holds crayon adaptively
(8-15) Explanation: See Baby pushing the car! She is imitating what I did with the car. Baby will begin to remember that toy cars are for pushing and pretending to drive and will soon enjoy driving them even when she doesn't see someone do it immediately beforehand.

11.3 M99 Pushes car along
(8-15) Explanation: See Baby pushing the car! She is imitating what I did with the car. Baby will begin to remember that toy cars are for pushing and pretending to drive and will soon enjoy driving them even when she doesn't see someone do it immediately beforehand.

12.2 M104 Pats whistle doll, in imitation
(8-19) Explanation: Baby imitates so well! She's patting the doll, just like I did. Baby wants to act the way she sees others act and copies what she sees them do. This is one way she learns what behaviors are acceptable in our society.

12.4 M105 Dangles ring by string
(7-18) Explanation: Baby already knows how to get the ring by pulling the string. Watch Baby try to swing the ring by holding the string. She wants to copy everything that she sees other people do.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Patsy loves it when you clap and praise her. You do such a good job reinforcing her play."	Babies learn when they imitate people that are important to them. When you are in the kitchen, offer Baby a pot and a wooden spoon. Show her how you stir, then let her try. Praise and clap when she tries to imitate what you are doing. Use everyday experiences as learning opportunities, model behaviors, and give Baby a chance to try. Be sure to reinforce her efforts.
"You are so quick to stop Todd from eating the crayon and yet you encourage him to write on the paper."	Offer Baby opportunities to hold and "write" with a crayon or chalk. Tape the paper to his high chair tray or table. This holds the paper and helps Baby concentrate on his "writing." Babies at this age do not understand that crayons are not edible and that you color only on the paper, so close supervision is a must.
"You are alert to notice when Graham is watching you. Giving him a turn to touch the things you touch encourages him to copy you."	Continue to encourage Baby to imitate you by being enthusiastic about her successes. You can add interest to your play by imitating what Baby does. Then see if she will imitate something you do. She will soon practice combing her hair or "feeding the baby." Give her an extra spoon, wash cloth, or tissue to practice and imitate what you are doing. This is how she will learn.
"Darla really enjoys imitating you. You are so good at imitating back. When you imitate her faces, you encourage her to continue imitating you."	Baby will try to copy the way you move and manipulate various objects and toys. When you play with Baby, move toys in different ways, hold a cylinder up to your eye and look through it, or roll a cup toward him.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
	13.4 FMA Dumps raisin from bottle -- demonstration (12-24) Explanation: Once Baby has seen me dump the raisin from the bottle, she can copy what I do. Baby watches how I hold and use objects and then she remembers and repeats those actions. This is one way that children learn how to manipulate tools and create cause and effect relationships. See also problem-solving. 13.8 PS14 Imitates housework (12-20) Explanation: Baby enjoys copying whatever you do around the house. She wants to be like you and do the things that you do, but it also shows her ability to think and remember. Imitating housework shows that she remembers your actions and she can perform them. Imitation is a way that children learn much about how our society works, and how people act. See also Social, p. 214.

4. Problem Solving; Cause and Effect

- Infants first learn cause and effect relationships when they happen by accident or by seeing a model.
- Then infants can deliberately create a result by performing an action.
- Infants perform a variety of actions to see what results may occur.

9.5 M91 Looks for contents of box
(8-14) Explanation: Look at Baby searching inside the box! He knows that something must be inside making the noise; he has figured out the relationship between a noise and the object causing the noise. This will help Baby understand other cause and effect problems.

13.4 M109 Removes pellet from bottle
(10-19) Explanation: This is a situation which can tell us how Baby thinks and solves problems. The bottle is too small for Baby to get his hand in, so watch and see if Baby can discover how to get the pellet out of the bottle. First he may try to reach it with his fingers, but that doesn't work. Then he may try to shake the bottle, and notice if the pellet falls out. If he sees that he can shake the pellet out of the bottle, he may shake the bottle again and begin looking for the pellet as soon as he shakes it. Then, Baby learns that it may be even easier merely to dump the pellet from the bottle. Children learn to solve problems by experimenting with trial and error and by watching other people solve problems.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Brian is trying to imitate the way you hold your cup. You are so important to him."	Talk to Baby as he watches you perform everyday tasks. Babies learn names of objects before names of actions. When he watches you and hears what you are doing, he learns the meanings of words like write, cut, sew, pot, stir, push, pull, open, close, etc.
"You are so patient to let Steve 'help' you wash dishes. I know it takes longer and is messy, but he is learning."	Find simple tasks that Baby can 'help' you do. Give him his own dust cloth or sponge to clean with while you continue your work. See Appendix, "Dear Mom, Me Too," p. 250.
"Barbara certainly enjoys searching the container for the bell. You were so careful to choose a bell large enough that she could not swallow it."	Encourage Baby to look inside containers by hiding objects that make noise, such as a ticking timer inside a box or a playing music box inside a paper bag. Ask Baby to find the sound. Make a game of hiding one object inside another. She knows that if it rattles, something is inside and has figured out how to find out what makes the noise.
"I can tell you have given Lelia toys to play with in the bathtub. She has learned how to turn them to pour things out."	Find small but safe objects that Baby can put in and remove from containers. A container with a mouth too small for his hand to fit into will help him learn to turn it over and dump it out. Show Baby how to pour water from a cup when he is taking a bath. Let him try to pour the water.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
	14.8 FMA21 Dumps raisin from bottle - spontaneous (13-36) Explanation: Same as Bayley M109, Removes pellet from bottle.
	13.4 FMA22 Dumps raisin from bottle after demonstration (12-24) Explanation: See Bayley M109, Removes pellet from bottle. Add: Even though Baby does not yet think to dump the raisin out of the bottle on his own, he understands how to solve this problem once you have shown him and he can copy your behavior. This is one way children learn to solve problems.
5. Understanding Objects - Infants first use objects for manipulation: shaking, mouthing, etc.	10.0 M93 Looks at pictures in book (7-16) Explanation: Baby is really looking at the pictures in the book! She has learned that books can show pictures of objects in her world and she is interested in looking at and exploring them. She will become more interested in looking at pictures, pointing to them, and eventually naming them.
- Then infants learn that objects have specific purposes and begin to use them for those functions.	12.0 M103 Turns pages of book (8-18) Explanation: Look at Baby turning the pages of the book. She has learned that books have many pages and that you can see more and more pictures by turning the pages. At first, she will need you to show her how to turn the pages and she will copy you, but then she will know that all books are the same and turn pages all by herself to get to the next page. When Baby turns pages it also tells you that she is able to use her hands and fingers, because she has to be able to grasp the edge of the page between her thumb and other fingers. She may "crumple" thin pages of books if she cannot yet use a "pinch" grasp, so she will need some help to turn the pages until she has mastered the pincer grasp.
	14.0 M112 Spontaneous scribble (10-21) Explanation: Baby is doing a good job writing with that crayon! She has learned what crayons and pencils are for by watching you write with them and then by experimenting with them herself. At first she was only interested in copying your actions with pencil, but now she is interested in making marks on the paper. She has learned that she can create those marks! (This may also be used to teach cause and effect learning.) Later, she will get interested in making lines or circles.
	13.3 FMA16 Scribbles spontaneously (11-25) Explanation: See Bayley M112, Spontaneous scribble.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Summer is learning cause and effect when you show her how to turn the bottle upside down and dump the balls out."	Showing Baby how to solve a problem before she becomes too frustrated and cries helps her learn that she can solve problems. If Baby, after several attempts, cannot get the objects out of the container, show her how to turn the container over and dump them out.
"Clinton really enjoys this special time with you. He is sitting so quietly and listening as you name the pictures."	Babies love picture books! At first choose hard surfaced books that Baby can handle and turn the pages. Look at the books with him and describe or name the objects you see. Don't worry about the story or printed words: just label familiar objects, adjusting your talking to Baby's interest level. Lift one corner of the page, then let Baby finish turning the page herself. Baby may need your help to get started.
"Letting Alonzo listen to Grandma on the phone is a great way to teach him about his world. How thoughtful you and Grandma are!"	Baby will become interested in many objects that you use. Help Baby learn how these objects are used by showing her what you do with them, telling her about them, and letting her handle them. For example, Baby will be interested in the telephone, brush and comb, radio, television, broom, etc. Baby will enjoy pretend play with toy versions of these objects.
"Look how Lynelle is 'marking' on her paper. You must be giving her plenty of opportunities to practice."	Continue to offer Baby opportunities to use crayons and pencil under supervision. When you are outside, let Baby 'draw' in the sand with a stick.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
1. Receptive Language	
- Infants first recognize words and look up when they hear familiar words. - Then infants learn meanings and actions associated with tone of voice and words (questions, commands).	9.1 M89 Responds to verbal request (6-14) Explanation: Did you see Baby look at you when I said "Where's mama?" (point out child's specific actions: e.g., wave bye-bye, pat-a-cake, etc.) Baby understands what you are saying and is able to give you an answer through his actions. Babies understand much more than they can actually say, so even if Baby is not saying real words yet, you should keep talking to him and naming objects, describing them, and explaining.
- Infants learn to perform specific actions and directions when asked.	19.8 L13 Follows directions (14-25) **PROFESSIONAL NOTE: Although the child may not be able to pass 2 of the 3 directions specified in the DDST, the infant may demonstrate some understanding of the correct response. For example, when the child is told to "Give the block to Mommy," the infant may look at Mommy which can then serve as a demonstration of the growth of understanding language. See Bayley M89, Responds to verbal request.** 10.1 M94 Inhibits on command (7-17) Explanation: Baby stopped what he was doing and looked at me when I said "no." He understands the tone of voice and listens to the words and then stops what he is doing. He may only stop for a moment, but this shows how he is learning to understand language.
2. Expressive Language	
- Infants first make vowel sounds, then consonants; - then string sounds together; - then use a particular string of sounds to refer to the same object; these are their first words.	10.1 L8 Dada or mama, specific (9-14) Explanation: Listen to Baby talking! He knows what your name is and calls you when he sees you or wants you. Babies first learn words that are the names of things that are important to them, and mom and dad are very important! Baby will begin to name other things soon, and even though he may not say the word exactly "right" (as in saying "nana" for "banana"), as long as he uses the same sounds each time, he is talking. Baby will copy or imitate the words he hears you say before he says them on his own.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You do such a nice job talking to Carter and modeling language for him. He went right to the door when you asked about outside."	When you make a verbal request such as "Wave bye-bye" or "pat-a-cake," demonstrate what you want Baby to do. Reinforce his approximations and continue to model the behavior. Encourage Baby to come when you call his name by reinforcing his attempts or efforts to come. Step close to him so that any effort on his part will be successful.
"Holding your hand out when you asked Sima to bring you the pencil helped her to know what you wanted. She's lucky to have an understanding Mom like you."	Baby's first attempts to follow directions will be slow and tentative. For example, if you say, "Give your doll a hug," Baby may just go look at the doll. Give praise and encouragement to Baby for these small steps, as in "That's right. That's your doll. Give dolll a hug." Soon Baby will be able to follow more complicated directions.
"Lynn understands "No." She stopped reaching for the plant. You did a good job saying such a firm, yet kind, "No."	Limit the use of "no" to dangers in her environment. Remove the child from the danger or say "no no" if necessary, but do not punish. Baby does not have the ability to understand that it is a "no no" every time. If you use "no" for everything, it loses importance and influence. Try to distract the infant's attention to something else after you say "no."
"Bailey said 'dada.' You must talk about Daddy a lot! Babies learn words that are important to them and are heard often first."	Baby responds and repeats "dada" or "mama" because of your positive response to these sounds. When he makes these sounds, you brighten and repeat the sound he made. "That's right, 'mama'." When you talk to Baby refer to yourself as Mama or Daddy. When Baby uses these names, respond quickly and praise and smile at Baby. She will work hard to make you smile.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
- Infants say the sounds they hear; - then string sounds together and use the pitch and tones of sentences in jabbering.	12.0 M101 Jabbers expressively (9-18) Explanation: Listen to Baby jabber! It sounds like he is carrying on a whole conversation with someone. Even though Baby is not making words or sentences, he is practicing combining sounds and stringing them together which is what he will need to do to carry on a real conversation. Often, babies will jabber more when they hear other people talking because they learn that it is a way to get people to talk to them.
- Infants repeat words immediately after they hear them; - then will remember to use words to refer to objects; - will add more and more words to speaking vocabulary.	12.5 M106 Imitates words (9-18) Explanation: Listen to Baby talking! He is saying the words that he hears other people say. First Baby will begin to say a word after he hears you say it, then he will begin to say the word on his own. He may not be able to pronounce the word exactly (he may say "dogdog" for "hot dog"), but as long as he is consistent, he is talking. Baby will learn words that are the names of things first, like cookie, kitty, etc. 14.2 M114 Says 2 words (10-23) Explanation: Same as above, Bayley M106, Imitates words. 12.8 L9 3 words other than mama, dada (11-21) Explanation: Baby is able to say a lot of words! Even though babies may say only one word at a time, they can use the word in several ways to mean different things. For example, if Baby says "Kitty?" in a questioning tone, he may mean "Where is the kitty?" However, if Baby says "Kitty!" excitedly, it may mean that he has just found the kitty hiding behind the chair. Eventually, Baby will start putting two words together in sentences, like "See kitty."
- Infants will use gestures to communicate ideas, either separately or with words.	14.6 M116 Uses gestures to make wants known (11-19) Explanation: Look at Baby handing the crayon back to me! What a nice way to say that he wants me to take a turn and draw on the paper. (Point out child's specific actions.) Even though Baby may not be saying words, he is clearly telling what he wants or needs by talking with his actions. Baby knows that he can tell you things with his gestures and that you will understand. 12.1 PS11 Indicates wants (not crying) (10-15) Explanation: Same as Bayley M116, Uses gestures to make wants known. See also Personal - Social, p. 214.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Listen to Sonya jabber. She is trying to imitate what you just said. You are so important to her."	Talk out loud to Baby as you work around the house or play with her. When she talks and jabbers, respond and talk back as if she is talking to you. "Oh, you are hungry, let's eat!" Emphasize certain words and interjections or emphasize the last syllable to make it sound like a question.
"You are doing such a nice job of naming Cliff's toys. He almost said 'ball.'"	Remember, Baby will say sounds that he hears often and that get a pleasant response from you. Continue to label and name important things and people. When you hear word approximations, repeat the word and model the pronunciation, "Babba," "Yes, you want your bottle." Do not expect Baby to say the word perfectly or make him repeat the word. Reacting to what Baby says is most important right now.
"You are rewarding Candie's efforts when you understand and repeat the words back to her in a short sentence. Good job!"	When Baby says a word, expand on the word with a short sentence. "Mama," "Yes, here's mama." "Juice." "Juice. You want more juice?" "See." "Yes, I see."
"I like the book you bought for Terrence. It has beautiful pictures of things that he likes."	Read to Baby and label what you see. "That is a brown bear." Describe, name and explain the objects, repeating the name several times. Most parents repeat without thinking about it but may feel silly if other adults are listening. Realize that they talk to babies this way, too!
"Lacey is pulling you to the door. You know she is ready to go. You are so good at figuring out what she wants, even though she does not say it with words."	Respond and follow through when Baby uses gestures to communicate, if possible. When she hands you the ball, describe what you think she wants to happen. "Oh, you want to play ball with me." Or, if Baby pulls on your hand, "You want me to come?"

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver

1. Awareness of Other People, Social Interaction

Infants learn to recognize familiar games, people, and patterns of events.

- Infants enjoy taking their turn in a game.

- Infants look for others to take a turn or make the usual response in a game or situation.

- Infants may be upset by the unfamiliar, such as strangers, or if people don't take their "turn" in a game.

9.1 PS9 Plays pat-a-cake or other game
(7-13) Explanation: Watch Baby play "so-big!" She has learned that games have a pattern of actions and words and that people take turns in the games. She has learned that you take a turn and she takes a turn. First Baby will watch you play the game, then join in when you begin the game, then she will begin the game herself and wait for you to join in!
PROFESSIONAL NOTE: Although this item may be passed if the child performs any simple games, if the child performs the specific game Pat-a-cake, this item may be used as an indicator of the child's gross motor skills also. See Gross motor: Bayley P44, Pat-a-cake, midline skill; p. 194.

9.5 PS8 Initially shy with strangers
(5-10) Explanation: Look at the way Baby turns her head away from me (point out child's specific actions: e.g., clings to mother, cries, etc.). She knows that I am a stranger. Her shyness with a stranger tells you that she knows the members of her family and close friends or relatives she sees on a regular basis. This is a normal part of development and is a healthy sign of her love and attachment to you.

10.8 M97 Repeats performance laughed at
(8-17) Explanation: Did you see the way Baby repeated what she did when we laughed at her? (Point out specific actions.) Baby knows that your laughter means you enjoy and approve of what she is doing and she will do it again to get your attention. She wants to please you and have you notice her. If you watch Baby playing, you will see that she frequently "checks in" or looks at you to see what your reaction is. Baby will continue to "check in" even though she may be playing on the other side of the room from where you are sitting.

11.6 PS10 Plays ball with examiner
(9-16) Explanation: How nicely Baby plays ball with me! She understands that she takes a turn and I take a turn and then she takes a turn again. This shows how aware Baby is of the way people take turns in playing. Later, Baby will show turn taking in sharing ideas or working together.
PROFESSIONAL NOTE: Although this item may be passed by the child rolling the ball to the professional, if the child is able to toss the ball forward, it may serve as an indicator of gross motor skills also. See Gross Motor, Bayley P48, Throws Ball, p. 196.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Look at Kyle 'pat-a-cake.' You must play this game often."	Play games such as "Pat-a-cake," "So-big," "Where's Baby," and other social games that Baby can participate in and have a turn.
"Brady knows lots of games. It takes a special mom to play lots of games with her baby."	Almost any repeated action and phrase can become a "game" for you and Baby. Feel free to invent games of your own, like, "I'm gonna get you!" or "Bouncy-bouncy!" Baby will enjoy knowing what's going to happen.
"You are right not to try to force Celeste to come to me. As she sees us talk and visit, she will begin to trust me and let me play with her."	Let Baby stay close to her parent or teacher and observe the stranger first before any attempts are made to pick up or play with Baby. Relatives may need to be cautioned ahead of time to approach slowly, indirectly. Some babies are more naturally shy than others. Forcing Baby to go to a stranger will just make him cry more. Allow Baby to cling for now.
"Claude loves to make you laugh! Look how he repeats his jumping up and down so you will laugh."	Laugh and clap at Baby's antics. He loves to please you and works very hard to get your attention. When you respond he will repeat his action again and again. Try not to laugh when Baby does things you don't want her to repeat, for example, putting cheese in Dad's hair. Ignore the behavior instead.
"Claudia loves to play ball and really throws well. You must enjoy playing with her."	Baby is learning to take turns with the ball. Playing ball or other give and take activities such as trading objects or passing a toy back and forth will encourage Baby to voluntarily release and make this a social game.

BEHAVIOR SEQUENCE	ASSESSMENT - Age (Mos.)/(Range) Item on Bayley or Denver
- Infants expect to get a result through their actions or words. - Infants recognize familiar actions and copy them.	12.2 PS11 Indicates wants (not crying) (10-15) Explanation: Look how Baby points when she wants you to hand her the toy. Baby has learned that you will give her what she needs. She trusts you and is able to wait for a little while without crying for you to get it. When she was younger, she used to cry for everything, but now she knows she can depend on you and trusts you to understand. As Baby gets older, she will get better at telling you what she wants or needs rather than crying. See also Language: Bayley M116, Uses gestures, p. 210. 13.8 PS14 Imitates housework (12-20) Explanation: Baby has learned a lot about what people do in the house. When she imitates you, she is telling you what she has learned about the world. Imitation is one of the most important ways children learn what behaviors are acceptable in our society, including how to dress, play with others, or behave at the dinner table. Baby wants to be like you and do the same things she sees you do. See also Cognitive: Imitation items, pp. 202-204.
2. Self-Help Skills - Infants learn skills to satisfy their needs; - first to hold their bottles - then to drink from a cup; - then to feed self with spoon.	11.7 PS12 Drinks from cup (10-17) Explanation: Baby is learning how to help herself! Being able to drink from a cup is a way that uses all the physical and mental skills that she has been learning. Her practice in reaching and holding objects is used in picking up the cup and getting it to her mouth. Her understanding of cause and effect is used because she knows she will get something to drink when she gets it to her mouth. Her ability to use the small muscles in the mouth and tongue are used to close her mouth on the cup and not let too much liquid spill down her chin. Baby will continue to use the basic skills she has mastered to help learn new skills and ways to help herself. 14.4 PS15 Uses spoon, spilling little (13-24) Explanation: Baby is doing a good job helping herself by eating with a spoon. Baby is using all the basic skills she has been practicing when she uses the spoon. (Similar to above: Drinks from cup.) Using a spoon is more difficult than drinking from a cup because the spoon is smaller and requires greater eye-hand coordination and fine motor control. Baby will continue to improve in her ability to use a spoon.

PRAISE FOR PARENTS	ENCOURAGEMENT
"When Monica hands you her cup and you fill it with juice, you help her to ask for things without crying."	When Baby looks at or points to an object, let her know that you understand by naming the object or handing it to her. Your attention to her is as important as what she wants. Looking and listening to Baby, trying to repeat her sounds, pointing where she points are all ways to show her that her communication is important.
"You are very patient to let Bert help you dust. He wants to do everything like you do."	See Appendix, "Dear Mom, Me Too," Page 6. Remember that babies imitate almost everything, including things they shouldn't do. Try not to take medicine or light matches when Baby is watching.
"I know it is messy, but your patience has paid off. Julia is using a cup so well now."	Experiment with different types of cups till you find what best suits you and your Baby. Cups with a lid help prevent spills as she learns to lift the cup up and set it down. Fill the cup less than halfway to reduce cleanup until Baby can drink well from the cup. Offer Baby her favorite drink when you first introduce the cup. Be prepared for spills and cleanup. Practice makes perfect! Let Baby practice with cup and spoon in the bathtub. Baby will learn how to hold the cup so water doesn't spill or how to pour it where he wants.
"Nate is doing such a good job of feeding himself. You are so patient to let him feed himself even though it is messy."	Let Baby practice feeding himself with the spoon as much as possible and when he expresses interest prepare for it to be messy by placing newspapers or a plastic sheet on the floor to help catch spills. This should be a pleasant experience for Baby. Avoid fussing or scolding when he spills. Offer him the spoon to feed himself when he is hungry. Watch for fatigue or frustration and offer minimal assistance if needed. A bowl with a lip is easier for Baby to scoop from than a plate.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage IV: Emergence of an Organized Sense of Self

1. Infant Increasingly Organizes Emotions and Behaviors

- First, imitates single actions ("reads" book).
- Then uses single actions to indicate wants or achieve goals (points to book).
- Begins to perform two actions one after another to achieve goals (picks up book, hands to parent).
- Strings together longer series of behaviors into complex patterns.

Observation: Note a complex pattern of behavior, where Baby has strung together several actions in an organized fashion. Some examples: a)Drinking from a cup until it is empty, then handing it to the parent to refill; b) Making a response to "Where's your car?" by getting a toy car, pushing it on the floor, and saying "rrrrr"; c) Picking up a book, taking it to the parent, and snuggling in her lap while patting the book. Point out the sequence of actions to the parent.

Explanation: When Baby combines several actions in a pattern, she is showing how well she understands her feelings and what she knows about how to express her feelings in actions. She shows that her thoughts and feelings are organized and that she can decide what she wants and how to get it. When Baby was younger, she may have imitated some of these actions, but now she can decide when, where, and how she wants to use these actions to get what she wants. As she gets older, she will be able to combine more and more actions to get what she wants and performs more complicated behaviors.

PRAISE FOR PARENTS	ENCOURAGEMENT

"I can tell that you have spent time playing with Morgan because he knows just how to get you involved in a game. He went and got his can of blocks and dumped them out, put one block in, and then handed you a block to put in! You have helped him learn to organize his actions and get what he wants."

"That was a nice way to help Shannon learn to organize her actions into a pattern. When she played with the switches on the radio, you helped her turn it on and then got her interested in dancing to the music."

Spend enough time with Baby in order to get involved in complex sequences of activities and playing. Twenty to thirty minutes at a time, a few times a day, is best.

Look for opportunities or signals of Baby's interest, then help build bridges between one action and another in order to create sequences. For example, when Baby points to a toy, comment on what Baby has pointed to and ask Baby to play a game with you using the toy. If Baby does not respond, begin to play the game and try to entice Baby to join you. Continue giving Baby opportunities to see you involved in simple sequences and to join you after each step in the sequence. Be patient and continue to give Baby lots on encouragement to join you. Try to give opportunities through the day. Examples:

- Baby picks up toy hammer. You ask, "Do you want to pound nails?" and find the workbench. Wait for Baby to join you, (and even if he doesn't) then begin to tap the pegs and sing "tap-tap-tap." Look at Baby and ask if he wants to play. Wait for Baby's response.
- Baby picks up cup but it's empty and she drops it on the floor. Say, "Do you want more? Bring me the cup." Wait for Baby to respond, then say, "I'll get you some more. Want to come to the kitchen?" and hold out your hand inviting Baby to come. Wait for Baby to respond, then go into the kitchen and refill the cup. Say, "Here's the juice." and wait for Baby's response.

Gradually shift the initiative to Baby. Perform fewer of the connections for Baby; use words and gestures to encourage Baby to perform the actions himself. For example, with the workbench above, when Baby picks up the hammer, tell him that the workbench is over by the chair and point to it. Give Baby lots of encouragement and praise to go over to the workbench himself; "That's it. You see it over there by the chair. Take your hammer to the workbench. You can do it. Good job!"

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage IV: Emergence of an Organized Sense of Self

2. Infant Organizes Behaviors Across a Wide Range of Emotions

- First, may organize behaviors only when feeling one way (e.g., happy or mad).
- Then, may organize behaviors during a second emotion.
- Is able to organize behaviors across all emotions.

Explanation: Baby shows healthy emotional development because he is able to organize his behaviors to show you many different feelings. He pushed your hand away to show you when he wanted to play with the blocks himself; he sat down in your lap when he wanted to snuggle and read; he brought the box to you when he wanted to explore what was inside. Even though Baby experiences many feelings -- independence and anger, affection and love, curiosity and puzzlement -- he was able to control his feelings and show you what he wanted in an appropriate way.

3. Infant Shows Emotional Stability

- First, infant needs time and your help to recover from any stress.
- Gradually, infant is able to recover more quickly from stress and is able to regain composure on his own, with less help from an adult.

Explanation: Baby handles little upsets well. Even though he got frustrated when he couldn't get the pieces in the puzzle (point out child's specific actions), he was able to come back and get interested again after he turned away. He knows that he can become calm again and go back to what he was doing.

PRAISE FOR PARENTS	ENCOURAGEMENT
"Letting Melanie push your hand away from the blocks lets her know that she can express that she wants to do it herself! When you respect her gestures, she learns that it was an appropriate action."	Respect what Baby feels even though you may not approve of the behavior she is showing. Allow her to feel proud, angry, happy, curious, etc., by giving it a label, "You're so happy!: or "Are you mad?" Help Baby find an appropriate way of expressing her emotions by suggesting actions. Encourage Baby to use the highest level of communication that she has mastered. Encourage her to express her feelings or wishes through crawling, walking, pointing, sounds, words, gestures, or sequences of actions. Do not try to force Baby to learn to deal with different emotions by deliberately creating situations to make Baby angry, affectionate, etc. Such situations may be overwhelming. Instead, follow Baby's lead and take advantage of situations which naturally occur to help Baby learn to express feelings in an appropriate way.
"Asking Lydell to point to what he wanted instead of crying was a good way to help him learn how to tell you what he's feeling and what he wants. He will learn to think about pointing for himself when he's upset and wants to tell you."	
"You do a nice job of helping Toby learn to handle being excited. You kept talking in a nice, calm voice and going on with the game you were playing. That helps Toby learn to recover from being so excited or from being upset."	Show Baby how to return to a state of calm. When Baby becomes upset, frustrated, overexcited, etc., try to draw her back to you by offering some pleasant activity. Offer Baby closeness and security through a hug, holding hands, talking calmly, stooping or kneeling next to Baby so that you can be close and on the same level, resting your hand on Baby's shoulder, singing to Baby, making funny faces, etc.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage IV: Emergence of an Organized Sense of Self

4. Infant Separates to go Exploring

- First, infants want to stay in physical contact with parent.
- Then, they move physically farther away from parent but maintain contact through talking, looking at and listening to the parent.

Explanation: Baby is beginning to show her independence when she leaves your side to go exploring. Her willingness to leave you shows that she feels secure and knows that you will be there if she needs you. An important part of her security is being able to "check in" or "touch base" with you from across the room. Did you see how she looked up from her play to catch your eye? When Baby was younger, she needed to physically touch you and be held or touched, but now Baby can look or call to you from across the room and feel close to you by your speaking and watching her.

5. Infant Accepts Limits from Parents

- First, infants continue to do as they please until removed from a situation.
- Next, infants begin to understand the word "no," and parents' tone of voice, gestures, or expressions which mean no.
- Then, infants begin to develop self control and to refrain from forbidden or unacceptable behavior in some areas.

Explanation: Look at the way Baby stopped reaching for the vase when you said "no." Even though he is still interested in it, he is beginning to learn what he is allowed and not allowed to do. This shows the development of his self-control. Eventually, he will be able to set limits for himself on what is acceptable and unacceptable, but not he needs your help. He may only be able to accept limits in a few areas now or when you are actually watching him, but he will learn greater self control as he gets older.

PRAISE FOR PARENTS	ENCOURAGEMENT
"When Jesse is across the room and you talk to him about the blocks, you are helping him to feel secure. That's a great way for you to encourage him to explore his world and practice being independent."	Help Baby feel secure while learning to be independent by making sure you are "available" when he reaches out. Be alert to his facial expressions, gestures, calling out, or attempts to catch your eye. Do this by frequently looking in his direction, by glancing up from work you are doing (reading, sewing), or by talking to him about what he is playing. As Baby becomes more secure, you will need to make less effort to reassure Baby because he will be confident in his ability to seek your help when he needs it. When Baby feels secure and moves away from you to explore in the same room, go into a different room for short periods of time while maintaining contact with Baby through talking to her and looking in or her frequently. Give Baby lots of opportunity to snuggle, hug, and be physically close at other times throughout the day. This helps Baby learn that there are times for independence and exploring as well as time for security and intimacy.
"Saying 'That's yukky!' to Lucia helps her to learn what she should and shouldn't put into her mouth. When she put the paper into her mouth again, you handled the situation nicely. You took the paper away and let her show you she was mad by letting her cry for a few seconds, and then you helped her focus her attention on an acceptable toy. You are really helping her learn self control."	Accept the fact that Baby will learn limits in some things, while refusing limits in others. For example, Baby may learn not to touch the hot stove but persist in playing with the telephone. Target one behavior at a time where you try to set limits; when that limit is learned, then add another. Help Baby find appropriate ways to express his anger or dislike at limits. You may allow him to cry, yell, stamp his feet, or punch a pillow for a few moments, but then refocus his interest on something else. Help Baby redirect his attention toward pounding with a hammer, riding a rocking horse, or other ways of using his body to express his anger. Baby may have difficulty accepting limits if he has not developed a feeling of security and intimacy or intentional communication. Baby may continue to test the limits as a way of obtaining your attention or trying to communicate with you. Give Baby lots of opportunity to interact with you when he can take the lead and decide what to play; be sensitive to Baby's attempts to communicate with you and respect to Baby's initiatives. With a secure base, Baby will begin to follow your instructions and gradually learn to set limits.

BEHAVIOR SEQUENCE	ASSESSMENT	(GREENSPAN, 1985)

Stage IV: Emergence of an Organized Sense of Self

6. Infant Begins to Show Personality Traits

- First infants may show preferences for using one sense over another, e.g., seeing, touching, etc.
- Then infants begin to organize behaviors which indicate more complex interests, e.g., exploring, game-playing, etc.

Observation: Note behaviors which serve to indicate the child's interests, preferences, or distinctive characteristics. Some possibilities include: exploring the environment, seeking out other people, and engaging in large movement activities such as crawling or bouncing, etc. Focus on any behavior that appears to reflect a spontaneous interest of the child, rather than one which occurs in compliance to what the parent wants or asks.

Explanation: Baby really enjoys using his hands to play with toys! He seems to like those toys better than any of the others he has. (Comment on child's specific interest.) Through Baby showing that he has definite interests of favorite activities, he is showing what a special person he is, someone who is different from anyone else. When Baby expresses his own ideas, even though they may not agree with your ideas or what you want him to do at that time, he is showing that he has a healthy personality and good emotional development.

PRAISE FOR PARENTS	ENCOURAGEMENT
"You respect Todd's interests so nicely! Since you know that he really enjoys making sounds and noises, you have given him so many toys that play music, squeak, rattle, or buzz. I can understand how you sometimes get tired of all that noise, but it's great that you allow him to choose his favorite activities and not just play with the toys you choose."	Help Baby discover what makes her special by setting aside special playtimes and other opportunities to be together. Even though all children have times when they choose activities just because it is something that Mom and Dad react to (either with approval because they like it or with disapproval), Baby also needs time to develop her own preferences. Support and admire Baby's initiatives. Follow her lead by letting her choose activities where you join in. Let Baby be in charge! By allowing Baby a chance to express her individuality, you help her develop her unique personality. Resist the tendency to over-control Baby by always deciding what to play, when, where, using which toys, etc. Such restrictiveness may lead Baby to be over-compliant (thinking of herself only in terms of what you want her to be) or rebellious (being anything but what you want her to be).

ISSUE	APPRAISAL

ISSUES FOR PARENTS

1. Fears and Feelings -- The Individual Parent

a. Emotional reaction to birth of a high-risk infant

(1) Reactions to infant's first birthday.

Is the parent having ambivalent feelings about celebrating the infant's first birthday?

Ask: "Are you planning a party for Baby's birthday?"

"Have you found yourself remembering the hospital experience as Baby's birthday approaches?"

(2) Flashbacks: Parent's memories of infant's illness or hospitalization are triggered by innocuous events.

Is the parent concerned about any flashbacks that may be occurring?

Ask: "Are there some things that happen, even now, that trigger memories of Baby's hospital stay?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I keep trying to plan Will's birthday but somehow I can't get in the mood."	Reassure parents that this is a common reaction among parents of preterm and high-risk infants.
"I know I should feel really happy that Lucy's going to be one, and we made it through the first year, but every time I think about it, I get depressed."	Explain that birthdays are commonly a time when parents reflect on the birth experiences of the child. While these may be positive and happy memories for some people, for parents of high risk infants, they result in memories of the NICU, fears of illness and death, and worries about an uncertain future. Suggest that parents talk with an understanding support person about their feelings. Present parents with the option of celebrating the infant's birthday on the due date instead of birth date, or having two parties!
"I looked at Vanessa sleeping. When I saw her lying in the same position she used in the intensive care nursery, I remembered all the worry of whether she would live or die, and I started to cry."	Reassure parents that flashbacks are common among parents of high-risk infants. Some parents may feel anxious that flashbacks are occurring as long as one year after the event. Help to relieve anxiety by pointing out that flashbacks of happy memories occur also and are no cause for concern.
"Sometimes when I look at Taylor it just hits me how lucky we are to have him alive. I thought I was past all that."	Prepare the parents for future memories by informing them that some flashbacks may occur when the child is 2 or 3 years old, or older. Reflection on the past is a normal part of human experience.

ISSUE	APPRAISAL
1. Fears and Feelings -- The Individual Parent (cont'd)	
b. Concerns about Health/Development	
Parents express concern related to specific milestones or events: - walking - says "mama" - vision screening	Does the parent's concern that their child reach a certain developmental milestone affect caregiving or nurturance? Observe: - When parents are asked routine questions regarding milestones, do they respond with high anxiety, ambivalence, or lengthy explanations about why the child has not attained the milestones? Ask: "Is Baby walking yet?" "Does Baby say 'mama'?" "Has your pediatrician recommended a vision screening for Baby?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Lilo won't sleep or eat. She's so fussy lately. All she wants to do is stand and bounce."	Emphasize that skill areas are independent of one another; babies do not progress through gross motor, fine motor, language, social, intellectual, and emotional skills at the same rate. Baby's interest in achieving a skill in one area may overshadow interest in another. Reaffirm Baby's strengths through demonstration/assessment.
"Ignacio has been saying 'Dada' for months. When is he going to say 'Mama?' Whenever he wants me, he cries."	Explain to parents whose infants have experienced illness or rehospitalization that developmental progress may temporarily be slowed. Recently acquired skills may be lost since the infants' energies are directed toward healing or recovery.
"Dr. Peters says that a vision screening at one year is just routine, but I'm afraid there's something he's not telling me."	Listen for recurrent themes or worries that parents have previously indicated as a source of concern. For persistent concerns, encourage parents to consult specialists in the area.

ISSUE	APPRAISAL
1. Fears and Feelings -- The Individual Parent (cont'd)	
c. Parent's Concerns about Ability to Care for a High-Risk Infant	
Parent's feelings of inadequacy in responding to the child's changing needs.	Is the parent feeling inadequate in caring for a toddler and questioning her parenting skills? Is this interfering with nurturance, discipline, or parent-child interaction? Ask: "Now that Baby is walking, how has that affected what you do as a parent?" "How is taking care of Baby getting easier? Harder?"

LISTEN	INFORMATION AND SUGGESTED ACTION

"When Clint was little, I knew I was supposed to hold him and love him. Now that he's crawling and pulling up, I miss my baby! Now the rules are all changed!"

"The books say to let Missy explore and not to say 'no' all the time, but it seems like all I do is follow her and say 'Don't do that.' I must be a terrible Mom."

"I couldn't wait for Delmar to walk. Now I think he must be hyperactive! Am I overreacting?"

Explain how children have different needs as their abilities change with development. Assure parents that their caregiving skills should change in response to the child, and most people have to work to make these changes.

Reassure parents of high-risk infants that they may be more susceptible to these worries than parents of healthy infants.

Praise parents for their sensitivity and awareness regarding the appropriateness of changing caregiving skills.

Convey to the family that parenting, as any new skill, gets easier with practice. Suggest:

- consulting child development books and magazines regarding typical behaviors for each age.
- enroll in a parenting or discipline class. Consult local newspapers, churches, pediatricians, mental health centers, and schools for classes available in your area.
- talk to other parents and/or consider starting a play group with parents of children close to your child's age.

Remind parents that no one is a perfect parent, and there will be times when they are frustrated, angry, and discouraged. Children are resilient and will not be "ruined for life." However, if parents feel this way <u>most</u> of the time, recommend professional counseling.

ISSUE	APPRAISAL
1. Fears and Feelings -- The Individual Parent (cont'd)	
d. Parent-Child Interaction: Parent's Expectations and Reactions to Baby's Changing Behavior	
(1) Emerging skills: - autonomy - says "mama" - separation anxiety	Does the parent have realistic expectations of what is considered appropriate behavior for a child of this age? To what extent is the parent able to view infant behavior as a normal part of development rather than as an attempt to anger or irritate the parent? Observe: - When parents make statements about the infant, do they focus on negative ways the child makes them feel, rather than on objective descriptions of the child's behavior? - Does the parent appear to feel harassed, overly annoyed, agitated, or anguished over Baby's behavior? - Does the parent describe the infant in negative terms or using negative labels rather than describing behavior? - Does the parent frequently use phrases like: . "He's out to get me." . "She tries to make me mad." . "He doesn't like me." . "I can't win." . "Baby is _____": bad, mean, selfish, spoiled, going to be trouble, etc."
(2) Special concerns for high-risk infants: - external rotation of hips. - effects of NICU on personality.	Ask: "Is Baby standing or walking yet?" "What kind of personality do you think Baby has?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"Anne has such a temper. She throws a tantrum whenever I want her to do something. Everything is a battle and I can's win."	Assist parents in developing realistic expectations regarding age-appropriate behavior. This can be done through: - demonstrating the infant's abilities through activities, games, or assessments. - suggesting child development books, workshops, parenting classes, newsletters on infant development, magazines, etc. (A sample newsletter, "Baby Talk," from the First Years Together Program is contained on p. 253 in the Appendix. Additional copies may be obtained by contacting Project Enlightenment, 501 S. Boylan Ave., Raleigh, NC 27603.) - encouraging parents to spend time with other families who have infants of similar ages (or adjusted age if premature).
"I'm the one who takes care of Weldon! But all he says is 'Dada.' When is he going to learn to say 'Mama'? I don't think he likes me."	Help parents prepare for upcoming developmental changes in the infant so that they may anticipate effects on the relationship.
"Darla cries every time I leave the room — so I can't even go to the bathroom! I think she knows how angry this makes me and she does it just to make me mad.	Encourage parents to respond to the infant's behavior by analyzing what the infant is doing and by trying to "put one's self in the baby's place." Aid parents in describing the child's behavior, rather than by interpreting the child's motives as attempts to provoke anger, irritation, etc.
"Karl looks so funny when he stands up. His feet point out to the side like a duck!"	Behaviors of premature or high-risk infants may provoke especially strong reactions in parents. - Remind parents that standing and shoulder retraction are common consequences for high-risk infants. Encourage parents to help Baby bend at the hips and knees, and bring Baby's hands together in front of the body.
"Amanda cries so long when I leave her. I wonder if she remembers me leaving her in the NICU."	Help parents see that some characteristics of the child are characteristic of all children at this age. There are many reasons for children's behavior, not just prematurity or NICU expenses. Attributing the infant's characteristics to the NICU experience may be exaggerated by the parent during this time because it is the "anniversary" of the birth and hospitalization. Many parents feel mildly depressed or a sense of uneasiness when remembering these events.

ISSUE	APPRAISAL
2. The Parent as Part of a Larger System	
a. Couple Concerns: Time for each Other	
Parents express appreciation for each other and their relationship apart from the infant.	Does the couple spend time together and nurture their relationship with each other? - NOTE TO PROFESSIONALS: This is an important issue for all couples. Discussion of this issue may help prevent minor problems from becoming more serious. Couples experiencing serious marital problems should be referred to a professional counselor. - Ask: "What do you and your husband (boyfriend) talk about when you aren't talking about Baby?" "How has your relationship with your husband (boyfriend) changed now that Baby is a year old?" "How's Joe (husband's/boyfriend's name)?"

LISTEN	INFORMATION AND SUGGESTED ACTION
"I feel like Tom and I don't even know each other any more. When we do talk, it's always about Noelle."	Inform parents that having a baby places a strain on all relationships. Tell parents that this is common in almost all marriages and can be even more stressful if Baby was premature or sick when born.
"We had Carl stay with his grandparents last weekend so we could have some time together. It was great! We should have done it sooner."	Emphasize to parents that couples need to plan time together and schedule time when they can be alone without the baby. Relationships need to be nurtured in order to remain healthy and grow.
"I wish I could find a way to tell Steve how much I miss my job. I love taking care of Stacey, but I need to express myself, too."	Remind parents that interests, attitudes and values change as people get older and become parents. Couples need to work not only at their relationship, but at knowing each other as individuals. Encourage couples to pursue various child care options, including family or friends (offer to trade child care for an evening or a weekend) as well as paid babysitters. For children with continuing health problems, check with local agencies for the availability of respite care. Some agencies may provide this at little or no cost, or on a sliding fee scale to parents.

ISSUE	APPRAISAL

2. The Parent as Part of a Larger System

b. Sibling Issues: Age Appropriate Behaviors

Parents show an appreciation for each child as an individual, responding in accordance with developmental level, preferences, personalities.	Does the parent have realistic expectations of age-appropriate responsibilities and behaviors of the older sibling toward the younger? Ask: "How does Sibling get along with Baby?" "What kinds of things does Baby do that makes Sibling mad?" "How have your expectations for _____ (older child) changed since Baby was born?"

LISTEN	INFORMATION AND SUGGESTED ACTION

"Now that Jeremy is older, I expect Lucy to take care of him. I have to remind myself that she just isn't old enough to have that responsibility."

"Shannon wants everything that Kip is playing with, and when I make him give it to her, he says 'it's not fair;' but I want him to learn to share."

"Kenny is such a help to me. Whenever I need to check on dinner or the laundry, I ask him to watch over Rita."

"Annie is so funny. Everytime Annie picks up the ashtray, she spanks his hand."

Sometimes parents view the older sibling simply as "older" without considering the actual age and abilities of the child. Even though a child places less demand on a parent for attention, physical affection, assistance in caring for self, these needs do not disappear completely. Help parents to recognize the individual needs of each child based on personality, ability, age, likes and dislikes.

Encourage parents to point out the benefits of each age, such as, "Yes, I do carry Marsha up the steps, but then she can only get up and downstairs when I take her. Aren't you glad that you're 3 years old and can go up and down stairs whenever you want?"

Remind parents that each child needs "special time" alone with the parent, regardless of age or birth order.

Model for parents ways to praise the older child for cooperating with the younger sibling. Point out the importance of reinforcing positive behaviors.

Stress to parents the importance of not expecting the older child to be a babysitter for the sibling. Caution parents against inadvertantly allowing older siblings to take on too much of the parenting role, even though a helping role is appreciated and encouraged.

Don't assume that it's the older child's fault if siblings are fighting or crying. Try to protect the rights and privacy of all siblings.

BIBLIOGRAPHY

Books for Parents and Professionals:

Avery, M. E. (1983). Born early: The story of a premature baby. New York: Little, Brown.

Chase, R. A., Fisher, J. J., & Rubin, R. R., (Eds.) (1984). Your baby: The first wondrous year. New York: Johnson & Johnson Child Development Publications (Collier Books).

DelliQuadri, L., and Breckenridge, K. (1978). Mothercare. New York: Pocket Books.

Goldberg, S., & Divitto, B. A. (1983). Born too soon. San Francisco: Freeman.

Good, J. D., & Reis. J. G. (1985). A special kind of parenting. Franklin Park, IL: La Leche League International.

Growing Parent: A sourcebook for families. (1983). Chicago, IL: Contemporary Books (Editors of Growing Child).

Harrison, H. (1983). The premature baby book. New York: St. Martin's Press.

Henig, R. M. (1984). Your premature baby. New York: Ranson Assoc.

Insel, D. (1982). Motherhood: Your first 12 months. Washington, DC: Acropolis Books.

Johnson, J., & Johnson, S. M. (1982). Special beginnings. Omaha, NE: Centering Corp..

Jones, S. (1983). Crying baby, sleepless nights. New York: Warner.

Lansky, V. (1985). Getting your baby to sleep and back to sleep. New York: Bantam.

Lieberman, A., & Sheargren, T. G. (1984). The premie parents' handbook. New York: Dutton.

Marshall, R., Kasman, C., & Cape, L. (1982). Coping with caring for sick newborns. Philadelphia: Saunders.

Nance, S. (1982). Premature babies. New York: Prism.

Pfister, F. R. (1983). The littlest baby. Englewood Cliffs: Prentice Hall.

Porter, S. (1983). The early years: A guide for parents of premature infants. Boston: Wheelock College.

Sammons, W. A., Lewis, J. M. (1985). Premature babies: A different beginning. St. Louis: Mosby.

Sears, W. (1985). The fussy baby. Franklin Park, IL: La Leche League International.

Sears, W. Nighttime parenting. Franklin Park, IL: La Leche League International.

Shosenberg, N. (1980). The premature infant: A handbook for parents. Toronto, Ontario: Hospital for Sick Children.

Sparling, J. (1979). Learning games for the first three years. New York: Berkley.

Books for Professionals:
(See also Books for Parents and Professionals)

Als, H. (1982). Toward a synactive theory of development: Promise for the assessment and support of infant individuality. Infant Mental Health Journal, 3 (4), 220-243.

Als, H., Lester, B. M., Tronick, E. Z., & Brazelton, T. B. (1982). Toward a research instrument for the assessment of preterm infants' behavior (APIB). In H. Fitzgerald, B. M. Lester, M. W. Yogman, (Eds.), Theory and research in behavioral pediatrics: Vol. 1. (pp. 35-132.) New York: Plenum.

Als, H., Tronick, E., Lester, B. M., & Brazelton, T. B. (1979). The Brazelton Neonatal Behavioral Assessment Scale (BNBAS). In J. Osofsky, (Ed.), Handbook of infant development. New York: Wiley.

Anderson, C. J. (1981). Enhancing reciprocity between mother and neonate. Nursing Research, 30, 89-93.

Anderson, C. J., & Sawin, D. B. (1983). Enhancing responsiveness in mother-infant interaction. Infant Behavior Development, 6, 361-368.

Bakeman, R., & Brown. J. (1980). Analyzing behavioral sequences: Differences between preterm and fullterm infant-mother dyads during the first months of life. In D. Sawin, R. Hawkins, L. Walker, and J. Penticuff, (Eds.), Exceptional Infant, Vol. 4. New York: Brunner/Mazel.

Barrera, M. E., Cunningham, C. W. & Rosenbaum, P. L. (1986). Low birth weight and home intervention strategies: Preterm infants. Journal of Developmental and Behavioral Pediatrics, 7 (6), 361-366.

Bayley, N. (1969). Bayley Scales of Infant Development. New York: Psychological Corporation.

Beckwith, L., & Cohen. S. E. (1980). Interactions of preterm infants with their caregivers and test performance at age 2. In T. M. Field, S. Goldberg, D. Stern, and A. M. Sostek, (Eds.), High-Risk infants and children: Adult and peer interactions (pp. 155-178). New York: Academic.

Blackman, J. A. (1984). Medical aspects of developmental disabilities in children birth to 3. Rockville, MD: Aspen Systems Corp.

Bolton, F. G. (1983). When bonding fails: Clinical assessment of high risk families. Beverly Hills, CA: Sage.

Brazelton, T. B. (1984). Neonatal Behavioral Assessment Scale, 2nd. ed. (Clinics in Developmental Medicine No. 88). Philadelphia: J. B. Lippincott Co.

Brazelton, T. B., & Yogman, M. W. (Eds.) (1986). Affective development in infancy. Norwood, NJ: Ablex.

Brazelton, T. B., & Lester, B. M., (Eds.) (1983). Infants at risk: Assessment and intervention. New York: Elsevier.

Bromwich, R. M. (1978). Working with parents and infants: An interactional approach. Baltimore: University Park Press.

Brown, C. C., (Ed.) (1981). Infants at risk: Assessment and intervention, (Pediatric Round Table: 5). Skillman, NJ: Johnson & Johnson Baby Products Co.

Buckner, E. B. (1983). Use of Brazelton Neonatal Behavioral Assessment in planning care for parents and newborns. Journal of Obstetrical and Gynecological Nursing, 12, 26-30.

Burns, W. J., Deddish, R. B., & Hatcher, R. P. (1982). Developmental assessment of premature infants. Journal of Developmental & Behavioral Pediatrics, 3, 12-17.

Butterfield, P. M., & Miller,L. (1984). Read your baby: A follow-up intervention program for parents with NICU infants. Infant Mental Health Journal, 5, (2), 3-14.

Coling, M. C. (1981). Psychological assessment of handicapped children. Falls Church, VA: Northern Virginia Assn. for Retarded Citizens, Inc.

Crawford, J. (1982). Mother-infant interaction in premature and full-term infants. Child Development, 53, 957-962.

Derevensky, J. L. & Wasser-Kastner, E. (1984). The effects of an interdisciplinary infant stimulation-parent education intervention program upon infant development. Infant Mental Health Journal, 5 (1), 3-14.

Dietrich, K. N., Starr, R. H., & Kaplan, M. G. (1980). Maternal stimulation and care of abused infants. In T. M. Field, S. Goldberg, D. Stern, & A. M. Sostek, (Eds.) High-risk infants and children: Adult and peer interactions (pp. 25-41). New York: Academic.

Divitto, B., & Goldberg, S. (1979). The effects of newborn medical status on early parent infant interaction. In T. Field, A. Sostek, S. Goldberg, and H. H. Shuman, (Eds.), Infants born at risk. New York: Spectrum.

Dubowitz, L. M. S., Dubowitz, V., & Morante, A. (1980). Visual function in the newborn: A study of preterm and fullterm infants. Brain and Development, 2, 15-29.

Emde, R. (Ed.) (1982). The development of attachment and affiliative systems. New York: Plenum.

Field, T. M. (1980). Interactions of preterm and term infants with their lower- and middle-class teenage and adult mothers. In T. M. Field, S. Goldberg, D. Stern, & A. M. Sostek (Eds.), High-risk infants and children: Adult and peer interactions (pp. 113-132). New York: Academic.

Field, T. M. (1987). Interaction and attachment in normal and atypical infants. Journal of Consulting and Clinical Psychology, 55, 853-860.

Field, T. M., Widmayer, S., Stringer, S., & Ignatoff, E. (1980). Teenage, lower-class black mothers and their preterm infants: An intervention and developmental follow-up. Child Development, 51, 426-436.

Fraiberg, S. (Ed.) (1980). Clinical studies in infant mental health. New York: Basic.

Frankenburg, W. K., & Dodds, J. B. (1967). Denver Developmental Screening Test. Boulder, CO.

Gaensbauer, T. J., & Harmon, R. J. (1982). Attachment behavior in abused/neglected and premature infants: Implications for the concept of attachment. In R. N. Emde & R. J. Harmon, (Eds.), The development of attachment and affiliative systems (pp. 263-280). New York: Plenum.

Gibes, R. M. (1981). Clinical uses of the Brazelton Neonatal Behavioral Assessment Scale in nursing practice. Pediatric Nursing, 7 (3), 23-26.

Goldberg, S., Brachfeld, S., & Divitto, B. (1980). Feeding, fussing, and play: Parent-infant interaction in the first year as a function of prematurity and perinatal medical problems. In T. M. Field, S. Goldberg, D. Stern, and A. M. Sostek, (Eds.), High-risk infants and children: Adult and peer interactions (pp. 133-153). New York: Academic.

Goldberg, S., & Divitto, B. A. (1983). Born too soon: Preterm birth and early development. San Francisco: Freeman.

Goldstein, D. J. (1985). Accuracy of parental report of infants' motor development. Perceptual and Motor Skills, 61, 378-383.

Greenspan, S. (1985). First feelings. New York: Penguin.

Holmes, D. L., Nagy, J. N., Slaymaker, F., Sosnowski, R. J., Prince, S. M., & Pasternak, J. F. (1982). Early influences of prematurity, illness, and prolonged hospitalization on infant behavior. Developmental Psychology, 18, 744-750.

Huntington, D. S. (1979). Supportive programs for infants and parents. In J. Osofsky, (Ed.), Handbook of infant development, (pp. 837-851). New York: Wiley.

Johnson-Martin, N. (1986). The Carolina curriculum for handicapped infants and infants at risk. Baltimore: Paul H. Brooks Publisher.

Kang, R., & Barnard, K. (1979). Using the neonatal behavioral assessment scale to evaluate premature infants. Birth Defects, 15, 119-144.

Kearsley, R. B., & Sigel, I. E. (1979). Infants at risk: Assessment of cognitive functioning. Hillsdale, NJ: Erlbaum.

Kestermann, G. (1981). Assessment of individual differences among healthy newborns on the Brazelton Scale. Early Human Development, 5, 15-27.

Korner, A. F., Kraemer, H. C., Reade, E. P., Forrest, T., & Dimiceli, S. (1987). A methodological approach to developing an assessment procedure for testing the neurobehavioral maturity of preterm infants. Child Development, 57, 1478-1488.

Lamb, M. E. (1982). Parent-infant interaction, attachment, and socioemotional development in infancy. In R. N. Emde & R. J. Harmon (Eds.), The development of attachment and affiliative systems (pp. 195-212). New York: Plenum.

Leijon, I. (1982). Assessment of behavior on the Brazelton Scale in healthy preterm infants from 32 conceptional weeks until full-term age. Early Human Development, 7, 109-118.

Lewis, M. (Ed.) (1986). Learning disabilities and prenatal risk. Champaign, IL: Univ. of Illinois Press.

Lipsitt, L. P., & Field, T. M. (Eds.) (1982). Infant behavior and development: Perinatal risk and newborn behavior. New Jersey: Ablex.

Liptak, G. S., Keller, B. B., Feldman, A. W., & Chamberlain, R. W. (1983). Enhancing infant development and parent-practitioner interaction with the Brazelton Neonatal Assessment Scale. Pediatrics, 72, 71-78.

Macey, T. J., Harmon, R. J., & Easterbrooks, M. A. (1987). Impact of premature birth on the development of the infant in the family. Journal of Consulting and Clinical Psychology, 55, 846-853.

Massie, H. N. (1980). Pathological interactions in infancy. In T. M. Field, S. Goldberg, D. Stern, & A. M. Sostek (Eds.), High-risk infants and children: Adult and peer interactions (pp. 79-97). New York: Academic.

Minde, K. Infant psychiatry. Beverly Hills, CA: Sage.

Moss, H. A., Hess, R., & Swift, C. (Eds.) (1982). Early intervention programs for infants. New York: Haworth.

Myers, B. J. (1982). Early intervention using Brazelton training with middle-class mothers and fathers of newborns. Child Development, 53, 462-471.

Nance, S. Premature babies. New York: Priam.

Nickel, P., & Delany, H. (1985). Working with teen parents. Chicago: Family Resource Coalition.

Nichols, R. H. (1985). Play and the preterm infant: Implications for parent education, pp. 325-332. In J. L. Frost & S. Sunderlin, (Eds.), When children play. Wheaton, MD: Association for Childhood Education International.

Nugent, J. K. (1981). The Brazelton Neonatal Behavioral Assessment Scale: Implications for intervention. Pediatric Nursing, 7 (3), 18-21.

Paludetto, R., Mansi, G., Rinaldi, P., DeLuca, T., Corchia, C., DeCurtis, M., & Andolfi, M. (1982). Behavior of preterm newborns reaching term without any serious disorder. Early Human Development, 6, 357-363.

Pederson, D. R., Bento, S., Chance, G. W., Evans, B., & Fox, M. (1987). Maternal emotional responses to preterm birth. American Journal of Orthopsychiatry, 57, 15-22.

Pizzo, P. (1983). Parent to parent. Boston, MA: Beacon.

Program PREPARE. (1985). Developmental teaching of children. Learning through doing: Activities for children birth to four. Bloomington, IN: Indiana Univ.

Rhodes, L., & Bayley. N. (1984). Manual supplement: Bayley Scales of Infant Development. Atlanta, GA: Psychological Corp.

Sameroff, A. J. (1980). Issues in early reproductive and caretaking risk: Review and current status. In D. B. Sawin, R. C. Hawking, L. O. Walker, & J. H. Penticuff, (Eds.), The exceptional infant: Psychosocial risks in infant-environment transactions, Vol. 4. New York: Brunner/Mazel.

Sammons, W. A., & Lewis, J. M. (1985). Premature babies: A different beginning. St. Louis, MO: Mosby.

Sasseraath, V. J. (Ed.) (1983). Minimizing high-risk parenting, (Pediatric Round Table: 7). Skillman, NJ: Johnson & Johnson Baby Products Company.

Sell, E., (Ed.) (1980). Follow-up of the high risk newborn - A practical approach. Springfield, Ill: Thomas.

Siegel, L. S. (1983). Correction for prematurity and its consequences for the assessment of the very low birth weight infant. Child Development, 54, 1176-1188.

Sostek, A. M., & Anders, T. F. (1977). Relationships among the Brazelton Neonatal Scale, Bayley Infant Scale, and early temperament. Child Development, 48, 320-323.

Soule, A. B., Standley, K., Copans, S. A., & Davis, M. (1974). Clinical uses of the Brazelton Neonatal Scale. Pediatrics, 54, 583-586.

Spungen, L. B., & Farran, A. C. (1986). Effect of intensive care unit exposure on temperament in low birth weight preterm infants. Journal of Developmental and Behavioral Pediatrics, 7 (5), 288-292.

Stack, J. M. (Ed.) (1981). The special infant: An interdisciplinary approach to the optimal development of infants. New York: Human Sciences Press.

Stern, M., & Hildebrandt, K. A. (1984). Prematurity stereotype: Effects of labeling on adults' perceptions of infants. Developmental Psychology, 20, 360-362.

Svejda, M. J., Pannabecker, B. J., & Emde, R. N. (1982). Parent-to-infant attachment: A critique of the early "bonding" model. In R. N. Emde and R. J. Harmon (Eds.), The development of attachment and affiliative systems (pp. 83-94). New York: Plenum.

Szajnberg, N., Ward, M. J., Krauss, A., & Kessler, D. B. (1987). Low birth weight prematures: Preventive intervention and maternal attitude. Child Psychiatry and Human Development, 17 (3), 152-165.

Telzrow, R. W., Kang, R. R., Mitchell, S. K., Ashworth, C. D., & Barnard, K. E. (1982). An assessment of the behavior of the preterm infant at 40 weeks gestational age. In L. P. Lipsitt & T. M. Field (Eds.) Infant behavior and development: Perinatal risk and newborn behavior. New Jersey: Ablex.

Thornton, S. M., & Frankenburg, W. K., (Eds.) (1983). Child health care communications: Enhancing interactions among professionals, parents and children. Johnson & Johnson Baby Products Company; Pediatric Round Table: 8.

Tronick, E. (1982). Social interchange in infancy. Baltimore: U. Park Press.

Tronick, E., & Adamson, L. (1980). Babies as people: New findings on our social beginnings. New York: Collier.

Tronick, E., & Brazelton, T. B. (1975). Clinical uses of the Brazelton Neonatal Scale. In B. Z. Friedlander, G. M. Sterritt, & G. Kirk, (Eds.) Exceptional infant: Assessment and intervention, Vol. 3. New York: Bruner-Mazel.

University of North Carolina, Physical Therapy Department. (1977). Oral motor function and dysfunction in children. Chapel Hill, NC: UNC.

University of North Carolina, Physical Therapy Department (1981). Development of movement in infancy. Chapel Hill, NC: UNC.

University of North Carolina, Physical Therapy Department. (1981). Infants at risk: Medical and therapeutic management. Chapel Hill, NC: UNC.

University of North Carolina, Physical Therapy Department. (1983). Caring for special babies. Chapel Hill, NC: UNC.

Uzgiris, I. (1975). Assessment in infancy: Ordinal scales of psychological development. Illinois: Univ. of Illinois Press.

Watt, J. Interaction and development in the first year: The effects of prematurity. Early Human Development, 13 (2), 195-210.

Widmayer, S. M., & Field, T. M. (1981). Effects of Brazelton demonstrations for mothers on the development of preterm infants. Pediatrics, 67, 711-714.

Wolery, M. (1980). Parents as teachers of their handicapped children. Seattle, WA: Westar.

Worobey, J. (1985). A review of Brazelton-based interventions to enhance parent-infant interaction. Journal of Reproductive and Infant Psychology, 3 (2), 64-73.

Zeskind, P. S. (1983). Cross-cultural differences in maternal perceptions of cries of low- and high-risk infants. Child Development, 54, 1119-1128.

Zeskind, P. S., & Iacino, R. (1987). The relation between length of hospitalization and the mental and physical development of preterm infants. Infant Behavior and Development, 10, 217-221.

APPENDIX

TALKING TO YOUR TODDLER*

Here are some suggestions to help you encourage language development in your toddler. Sometimes adults feel embarassed talking to babies or young children, and say, "I don't know what to talk about!" Examples of things you can say while going about your daily routine are listed below. Use these suggestions to get started, and then just follow your feelings. Remember, children are learning language before they can speak; they learn to <u>understand</u> words and meanings.

1. <u>RECAP</u> - talk about what just happened.

   EXAMPLES: "You finished your juice."
   "The glass broke."
   "Tommy fell down."
   "You can run so fast!"
   "You put your coat on all by yourself.

2. <u>PRESENT</u> - talk about what is happening right now.

   EXAMPLES: "You are coloring that bear brown."
   "It's taking us a long time to make supper."
   "Roll the playdough!"
   "The water is hot!"

3. <u>FUTURE</u> - talk about what will happen.

   EXAMPLES: "It's time for bed. Daddy will read the story."
   "Don't touch! You will burn yourself."
   "After we eat lunch, we can go to the park."

4. <u>FIVE SENSES</u> - talk about the five senses: touch/feel, smell, taste, see/look and hear.

   EXAMPLES: "How did the water feel?"
   "The cat's fur is soft and smooth."

   "Those chocolate chip cookies smell wonderful."
   "I smell something burning."

   "Did your spaghetti taste good?"
   "That tea tastes too sweet."

   "Look! I see a rainbow!"
   "I see your toys all over the floor."

   "Did you hear the siren from that fire truck? It was loud!"
   "I hear the cow. It says, 'moo.'"

5. <u>REMEMBER</u>: Don't correct your child's attempts at words. Just model the correct pronunciation.

   EXAMPLE: "If your child says 'duice,' say, 'oh, you want <u>juice</u>.'"

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SONGS AND FINGER PLAYS FOR BABIES AND TODDLERS*

Knock at the door (tap forehead)
Peep in (lift her eye lid)
Lift the latch (tilt her nose)
Walk in (slip a finger in her mouth
Go way down the cellar and
eat apples (tickle under chin).

Pat-a-cake, pat-a-cake,
Baker's man,
Make me a cake
As fast as you can;
Pat it and prick it
And make it with a B,
And put it in the oven for baby
and me.

Here is a beehive - where are the bees?
Hidden away where nobody sees!
Soon they come creeping out of the hive -
One! Two! Three! Four! Five!
(Make a fist with hand; recite rhyme,
exposing one finger at a time.)

Inchworm, inchworm moves so slow;
Up my arm do you go.
"Why do you measure me so?"
"Because so fast you do grow."

POP GOES THE WEASEL

All around the cobbler's bench the monkey chased the weasel
The monkey thought 'twas all in fun - POP goes the weasel.
(Sit baby on the floor, kneel in front while holding arms up
and recite. On the POP raise him off the floor.)

One little, two little, three little fingers;
Four little, five little, six little fingers;
Seven little, eight little, nine little fingers;
Ten fingers on your hand.

Rocking, rocking, rocking, rocking;
Backward and forward, to and fro;
Rocking, rocking, rocking, rocking;
This is how Mary likes to go!
(Substitute your child's name
for Mary)

Ride the horsey
Through the town,
Through the town,
Through the town.
Ride the horsey
Through the town,
My fair lady!
(To the tune of London
Bridge...)

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SONGS AND FINGER PLAYS FOR BABIES AND TODDLERS (cont'd)*

Can you clap your hands?
I can, I can.
Can you clap your hands?
I can clap my hands.

Can you pat your nose?
I can, I can.
Can you pat your nose?
I can pat my nose.

Can you rub your cheeks?
I can, I can.
Can you rub your cheeks?
I can rub my cheeks.

Can you pull your ear?
I can, I can.
Can you pull your ear?
I can pull my ear.

Can you touch your toes?
I can, I can.
Can you touch your toes?
I can touch my toes.

Round and round the garden
(hold child's hand and make circles in her palm)
Goes the teddy bear.
One step, two step
(with your fingers, "walk" up child's arm)
Tickle you under there!
(gently tickle under arm)

OLD FAVORITES TO SING OR PLAY WITH BABY

Ring around the rosie
A pocket full of posies
Ashes, ashes, we all fall down!

This little pig went to market,
This little pig stayed home;
This little pig had roast beef,
This little pig had none;
This little pig cried wee, wee, wee
all the way home!

Mary had a little lamb,
Little lamb, little lamb,
Mary had a little lamb,
Its fleece as white as snow.

Row, row, row your boat
Gently down the stream;
Merrily, merrily, merrily, merrily
Life is but a dream!

Head, shoulders, knees and toes, knees and toes
Head, shoulders, knees and toes, knees and toes.
And eyes, and ears and mouth and nose,
Head, shoulders, knees and toes, knees and toes.

(Help child touch each part of body as you sing.)

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MEMORABLE MOMENTS*

When _____ was _____ old.
(Child's Name) (Age)

When I am grown I'll ask, "How did I spend my day?"
I'll want to know, "What did we do?" "What games did we play?"
Even little things are special when I do them with you.
So won't you take a minute now to make a note or two.

TODAY'S DATE	What you did or said...	What I did or said
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

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CHOOSING A THERAPIST FOR YOUR CHILD OR YOURSELF*

Below are some suggested questions you may wish to ask while interviewing a professional, before you decide which therapist you choose for your child.

1. What is your training? Are you licensed?
2. What kind of experience have you had working with very young children?
3. What is the fee schedule? Do I pay by the hour? half-hour?
4. What if I have to cancel my appointment? Am I still charged?
5. Must I come to your office or will you come to my home? Is there a difference in cost?
6. Will my insurance pay for services? Do you file or must I?
7. Must I have a physician's referral in order for insurance to cover the costs?
8. Can you help me find community sources that would help pay for services?
9. Will you inform my pediatrician of my child's progress in therapy? How?
10. How often will my child need therapy (once/month, once/week)? How long will my child need therapy? (weeks, months, years?)

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DEAR MOM .... ME TOO!*

You can help your child learn and grow every day by doing the things you usually do. As you go about your daily activities, take a few seconds to think about it from your child's point of view. Include your child in what you do by talking to him or her about it, naming things, and giving him similar items to play with when possible. For a few minutes each day, take time to play a game just for fun!

WHEN YOU DO THIS...		INCLUDE ME LIKE THIS...
Cook dinner	give	me a pot and a spoon to stir with
Brush your hair	give	me a brush or comb
Wash dishes	give	me a plastic "scrubber" and tin pie pans
Sweep the floor	give	me a "broom" like a yardstick or cornpopper
Make a grocery list	give	me a crayon and piece of paper
Pour a cold drink	let	me put the ice cubes in!
Read a book	give	me a book to read
Unpack the groceries	let	me take cans out of the bag
Hang clothes on a line	give	me clean clothespins to chew
At the grocery store	let	me squeeze boxes or paper towels

HELP ME LEARN WORDS! THINGS TO SHOW ME AND TELL ME THE NAME OF

cup	grass
ball	tree
baby	car
milk	box
cookie	flower
cracker	truck
book	swing
block	slide
chair	dog
spoon	cat

JUST FOR FUN - DO THESE WITH ME

- Bounce a balloon back and forth in the air
- Pull a balloon on a string to fly it
- Build with blocks
- Put toys in a box and take them out
- Put lids on shoeboxes, margarine tubs
- Play hide and seek or chase
- Dance together
- Have a "talk" together
- Play at "wrestling" on the floor

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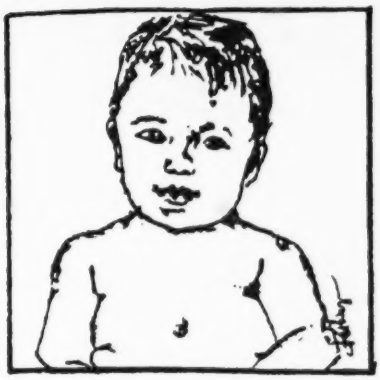


First Years Together

DEVELOPMENTAL PLAN

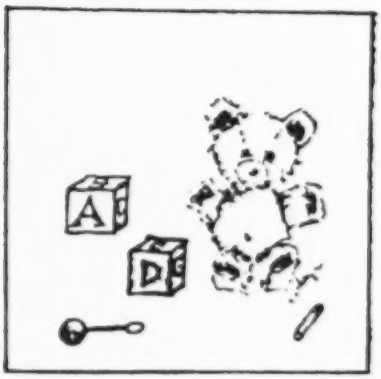
for: _____

at: _____

Date: _____

MY STRENGTHS ARE:

THANK YOU FOR:



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First Years Together Developmental Plan - Page 2

for _____

HOW YOU HELP ME:

SOON I WILL BE:

BABY TALK

IT'S A WIDE, WIDE WORLD AT FIVE MONTHS

If your baby was premature this newsletter talks about baby five months from the date due

SPECIAL MESSAGE: WILL MY BABY BE ALL RIGHT?

Brace yourself! For most babies, the fifth month is the first phase of a speed-up of activity and growth that will leave you breathless. This activity spurt raises lots of questions in parents' minds.

Every parent wonders if their baby is normal and growing and developing as a baby should. Parents of babies who were hospitalized and had such a rough start worry even more. Will my baby remember the hospital? Will my baby be O.K.? Will my baby ever catch up? Am I spoiling my baby? Will my baby ever sleep all night?

All parents have these questions. Taking care of a baby is a big job and parents often worry and find making decisions about baby care difficult. These feelings and worries are normal. Everyone has them. It helps to talk to your spouse, with friends or with other parents whose babies have been hospitalized about your questions and concerns and especially your feelings. Don't keep your feelings and worries inside. Talk to someone! Call a friend or a professional who can help you.

SAFETY

Your baby is moving around and exploring more and more every day. Baby is using all his or her senses to explore the world. Safety is a major concern now. Below is a list of suggestions to make your home safer for Baby.

Fence all stairways, top and bottom.

Baby-proof all rooms by removing matches, cigarette butts, and any other small, breakable or sharp objects. Secure tables or lamps that can be pulled over.

Keep highchairs, playpens, and infant seats away from the stove, work counters, radiators, and furnaces.

Keep all electric cords out of reach.

Don't paint any toy, crib furniture, or woodwork Baby might chew with lead-containing paint.

If your house was originally built before 1940 and has any chipping paint or plaster, repair the area completely and cover it with wallpaper or safe paint.

DISCIPLINE

Baby is now reaching and wants to grab and explore everything. At 5 months, Baby is too young to remember not to touch or reach for certain things. It is better to move out of reach anything and everything that is not safe or that you don't want baby to explore. Babies can learn "no" at 5 months but they can't remember what objects are "no-no." When you tell a 5 month old "no", you just discourage your baby from exploring, and your baby will miss lots of important learning experiences.

If your baby has something you don't want him to have, offer to trade for another similar safe object or distract him with a look in the mirror or another game.

BABY MEMOS

STRANGER ANXIETY: Now is the time I know my family and close friends so well that I may be shy with strangers. I may try to hide on your shoulder or I may even cry when I see people I don't know or don't see very often.

Let me study them while you hold me. When I'm comfortable I will smile and talk to them. It will help if you tell people to just give me time before they play with me. If I don't see Grandma and Granddad very often I might think they are "strangers" and cry. If they give me time to look and become familiar with them, I will let them hold me.

TOUCH: Before my bath, place me naked on my stomach. Gently rub my back, arms, and legs. Stroke me with a towel so I can feel roughness. Then stroke me with a stuffed toy so I can feel softness. Talk to me about what I am feeling. If you touch me too lightly, it tickles. Touch me with your whole hand more firmly and it won't tickle so much.

MOUTHING: I love to put things in my mouth. Everything I hold goes to my mouth. This does not encourage bad habits like thumb-sucking later. This is just my way to learn about things. Make sure the objects I hold are safe and won't hurt me if I put them in my mouth.

PREMIE NOTES

When your pediatrician recommends starting solid foods, your baby may reject new tastes or textures. It is important to keep trying. Babies need practice chewing, moving food around in their mouth, and swallowing. They are learning to use muscles they will later use to talk.

THIS MONTH WITH BABY*

MOVING

I like to:

roll from my back to my stomach

touch, hold, turn, shake, mouth, and taste objects

play with a rattle you hand me

reach for objects with one or both hands

sit alone for a few seconds

kick and try to play with my feet

switch toys from one hand to another

I have fun when you:

let me be barefoot so I can play with my toes

put me on my stomach so I can practice rolling and pushing myself up with my hands

give me lots of safe things to hold and touch and shake and taste

help me do sit-ups by pulling me up by my hands. I can now help pull myself up

PLAYING

I like to:

smile or talk to you to gain your attention and get you to play

smile at human faces and voices

make faces at you and imitate your faces

recognize myself in the mirror

play games with you and laugh

know you so well that I'm shy with strangers

I have fun when you:

play with me in the mirror and imitate the faces I make

give me a non-breakable mirror to play with. I like to look at my face even when we aren't playing together

play peek-a-boo with me. Cover your head with a blanket and ask me to find you. Cover my head and watch what I do

THINKING

I like to:

be awake and alert for almost two hours at a time

use my eyes to look for fast moving objects

look around in new situations

lean over to look for something that has fallen

bang things

explore my world as well as myself

recognize a favorite toy if it is partly covered

I have fun when you:

take me for walks so that I can look at lots of new things

make a paper hat for me to wear. I can take it off and crinkle it up. Don't let me eat the paper!

play "peek-a-boo" games by hiding a toy halfway under a blanket

give me safe household objects to play with like butter tubs, clean sponges, measuring spoons, scarves, and washcloths

COMMUNICATING

I like to:

vocalize and try to get your attention

stop vocalizing or crying when you begin talking

look at the person who is talking

I have fun when you:

answer me when I talk to get your attention. This will help me learn to make sounds instead of crying

tell me what you are doing. I like to hear you talk and am learning while I listen

sing songs to me and tell me nursery rhymes

*ADJUSTED AGE — If your baby was premature this newsletter talks about baby five months from the date due. Please do not regard this chart as a rigid time table. Some babies perform an activity earlier or later.

SOME BOOKS YOU MIGHT FIND HELPFUL:

Brazelton, B. 1969. **Infants and Mothers.** Dell Publishing Company.

Harrison, H. 1983. **Your Premature Baby.** St. Martins Press.

Johnson and Johnson. **Your Baby: The First Wondrous Year.** MacMillan Publishing Company.

Jones, S. **Crying Babies, Sleepless Nights.** Warner Books.

Leach, P. **Babyhood.** Alfred A. Knopf.

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